SOCIAL SECURITY NO. None

If veteran, name war None

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

Returned to Co. Clerk 12-1-48

State File No.

FULL NAME Joshua D. Baker

Local File No. 4

PLACE OF DEATH:
County Eaton
Township
City or Village Vermontville
Name of hospital (If not in hospital, give street address.)
Length of stay: In hospital 0 In this community 53 yrs

USUAL RESIDENCE OF DECEASED:
State Mich. County Eaton
Township
City or Village Vermontville
Street No. 197 West 1st Street
If foreign born, how long in U. S. A.? years

Sex	Color or Race	Single, Married, Widowed or Divorced
M	W.	Married

NAME OF HUSBAND or WIFE
Name Minnie Baker Age, if alive 88

Birth date of deceased March 1st 1859

Age: Years	Months	Days	If less than one day
88	8	4	hrs. min.

Birthplace West Milton, Ohio
Usual occupation Retired
Industry or business
Father: Name Josiah Baker
Father: Birthplace Unknown
Mother: Maiden Name Mary Forman
Mother: Birthplace Unknown

Informant Alonzo Baker
Address Vermontville. Mich.

(Burial), cremation or removal (Circle the word which applies)
Place Vermontville, Mich.
Cemetery Woodlawn Date 11-8, 1948

Funeral director's signature K.K. Ward.
Address Vermontville. Mich.

Filed 11-8, 1948 A.L. Bamingham
Local Registrar

MEDICAL CERTIFICATION

Date of death Nov. 5" 1948

I hereby certify that I attended the deceased from Oct. 24th 1948 to Nov 5", 1948 I last saw h[illegible] alive on Nov 5", 1948 Death is said to have occurred on the date stated above at 11 30 P M.

Immediate cause of death	Duration
Apoplexy	2 hrs
Other contributory causes of importance	

Major findings and dates:
Of operations
Of autopsy

In case of violence, state if accident, homicide or suicide
Date, 19
Where did injury occur? (Specify city, county, or state)
In industry, home or public place?
Was disease or injury related to occupation of deceased?

Signature C.L.D. McLaughlin M.D.
Address Vermontville. Mich.

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