

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

30000

**1. PLACE OF DEATH**

County.....Jackson..... Registration District No.....399  
 Township.....Kaw..... Primary Registration District No.....23  
 City.....Kansas City..... (No. 5207 Independence Ave.)..... St..... Ward.....

File No.....  
 Registered No.....  
 St..... Ward.....

**2. FULL NAME** Ollie Columbus Baker

(a) Residence, No. 5207 Independence St., ..... Ward.....  
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ila Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 14, 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, ..... hrs. or ..... min.
	<u>36</u>	<u>9</u>	<u>22</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Night Foreman of Bakery  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co.  
 (STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Levi Baker</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan Co. Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>

14. INFORMANT Mrs. Ila Baker  
 (Address) 5207 Independence Ave.

15. FILED 10/7, 1925 M.M. Craine REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6, 1925

17. I HEREBY CERTIFY That I attended deceased from Sept. 21, 1925 to Oct 3, 1925 that I last saw him alive on Oct 3, 1925, and that death occurred, on the date stated above, at 3:15 Am.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Suppurative Poliomyelitis

CONTRIBUTORY (SECONDARY) Unknown

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) A. G. Jones, M. D.  
10/7, 1925 (Address) 552 Minnesota

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mt. Washington Cemetery Oct 8, 1925

20. UNDERTAKER ADDRESS

D. W. Newcomer's Sons 2111 E. 9th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



cated by check marks, lacking from the death certificate.

Name: Ellie Columbus Baker

Who died at: Kansas City on Oct. 6 - 1925

Residence: No. 5207 Independence St. Kansas City Mo  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years One Months 2 Days 10

Sex: Male Color or race: White Single, married, widowed or divorced: married

Date of birth: Dec. 14, 1890 Age: 35 Years 10 Months 22 Days 22

Occupation: (a) Trade Fireman (b) Industry: Kopp Bakery

Birthplace (State or country) Milam Mo

Birthplace of father (State or country) Ky.

Birthplace of mother (State or country) Mo

CAUSE OF DEATH: Suppurative Poliomylitis  
Encephalitis from acute Poliomylitis  
(Suppurative Poliomylitis)

Contributory: 22

Where was disease contracted? Kansas City Mo

Did operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no What test confirmed diagnosis? Spinal Puncture

Name of physician: A. E. Bone

Address of physician: 552 Main St

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