

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

Do not use this space.

36731

**1. PLACE OF DEATH**

County Jackson  
Township Independence  
City Independence (No. \_\_\_\_\_)

Registration District No. 398  
Primary Registration District No. 3019

File No. \_\_\_\_\_  
Registered No. 332 (Ward) \_\_\_\_\_

**2. FULL NAME** Infant of T. W. Baker

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 - 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
			<u>3</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Independence  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Theodore W. Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Franklin  
(STATE OR COUNTRY) West Va

12. MAIDEN NAME OF MOTHER Mary Elizabeth Bennett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) K. City  
(STATE OR COUNTRY) Mo.

14. INFORMANT Theodore W. Baker  
(Address) Rt. 3<sup>rd</sup> Ind Mo.

15. FILED Dec 28, 1927 L. L. Cook  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/28 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927 to Dec 27, 1927  
that I last saw him live on Dec 27, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Arterial Bleed  
161A 159  
(duration) \_\_\_\_\_ mos. 3 ds.  
CONTRIBUTORY Influenza Pneumonia  
(SECONDARY) with trachea  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) [Signature], M. D.

(Address) Independence

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood Cem. DATE OF BURIAL Dec. 28 1927

20. UNDERTAKER Ott + Mitchell Indef. Mo.  
ADDRESS \_\_\_\_\_

N. 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.

8 1928

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