

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

Do not use this space.

23050

1. PLACE OF DEATH

County Jackson
Township Franklin
City Franklin (No. 1001)

Registration District No. 85
Primary Registration District No. 1001
State Hosp. #2.

File No. 23050
Registered No. 853
St. Franklin Ward

2. FULL NAME

(a) Residence. No. 1001 St. Franklin Ward.

Chester Baker

Length of residence in city or town where death occurred yrs. 4 mos. 15 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 Unk.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri U.S.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Hospital Records (Address) Franklin, Mo.

15. FILED JUL 13 1928 REGISTRAR J. B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1928

17. I HEREBY CERTIFY That I attended deceased from July 12, 1928 to July 12, 1928 that I last saw him/her alive on July 12, 1928 and that death occurred, on the date stated above, at 11:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Leukemia Extraction
162/164 (duration) yrs. 4 mos. 15 da.

CONTRIBUTORY (SECONDARY) Leukemia (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? ✓ DATE OF July 12, 1928

WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) H. A. ... M. D.

July 12, 1928 (Address) State Hosp #2 Franklin Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
State Hospital Cemetery July 13, 28

20. UNDERTAKER ADDRESS
Walter Meinhoffer 1302 Faraon St.

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.

