

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

Do not use this space.

L35237

1. PLACE OF DEATH

County Wright Co.
Township Pleasant Valley
City Near Mansfield (No. St. Ward)

Registration District No. 907
Primary Registration District No. C220

File No.
Registered No. 19

2. FULL NAME Vernon Reed 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 11 yrs. 0 mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wht; 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20/19

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 0 23

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Reed Baker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wright Co.
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Ethel Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wright Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Ethel J. Morris
(Address) Mansfield Mo

15. FILED 10-13-1930 J. A. Fuqua
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct/12/30

17. I HEREBY CERTIFY, That I attended deceased from 19.....
that I last saw him live on 10/12/30, 19....., and that death occurred, on the date stated above, at 7:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Crushed skull as result of auto accident on highway near Mansfield Mo. on highway for 48. 17 mile west Mansfield

CONTRIBUTORY (SECONDARY) Instant
2 10 6 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. A. Steffe Coroner

Oct 12, 1930 (Address) Mansfield 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

Baker Cem

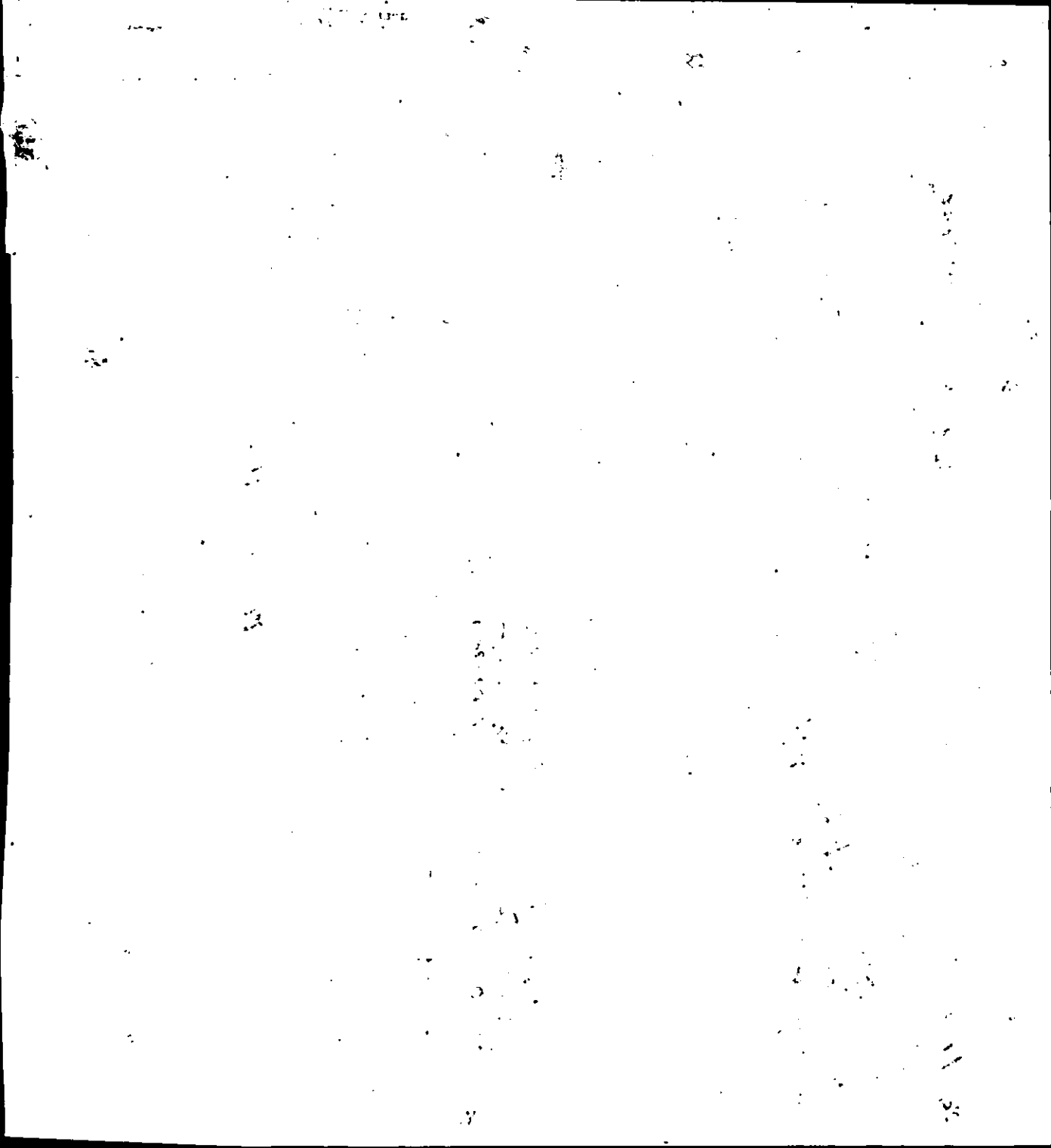
Oct 14 1930

20. UNDERTAKER ADDRESS

Floyd A Steffe Mansfield, Mo

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.

NOV 28 1930



The boy was riding in a car cornering.
Meeting the other car.

The boy alighted from the car in which
he was riding. Came from behind the
car in which he was riding. Started across
highway in front of on cornering car.

He apparently not seeing the oncoming car which
was cornering in opposite direction from which he
the boy had come. The driver of car which
struck the boy. Could not have seen boy in time
to stop. So witnesses said at coroners inquest.
Driver of car was driving about 30 m per hour.

Coroners Inquest. (Said unavoidable accident)

J. A. FUSON, M. D.
MANSFIELD, MO.

R

DATE _____

FOR _____

_____ M. D.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wright Registration District No. 207 File No. _____
 Township pleasant valley Primary Registration District No. 6220 Registered No. _____
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME Dernon Reed 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		
7. AGE	YEARS	MONTHS
	DAYS	IF LESS than 1 day, hrs. or min.
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) (STATE OR COUNTRY)		
10. NAME OF FATHER		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)		
14. INFORMANT (Address)		
15. FILED <u>12/10</u> , 19 <u>30</u> <u>J. J. J. J.</u> REGISTRAR		

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 17 1930

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Crushed skull as a result of auto accident on highway near Mansfield Mo
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1880
 (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) _____, M. D.
 _____, 19____ (Address)

*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
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY
 CRUSHED SKULL AS A RESULT OF AUTO ACCIDENT ON HIGHWAY NEAR MANSFIELD MO

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
 N. B.—Every item of information should be carefully separated. A fee should be stated separately. REGISTRARS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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