

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

Do not use this space.

32526

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kear Primary Registration District No. 1002
 City Kansas City (No.) Trinity Luthern St. Ward
 File No.
 Registered No. 4057

2. FULL NAME Fred L. Baker

(a) Residence, No. 4625 Genesee 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
24 3 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) K.C.Mo. (STATE OR COUNTRY) 1

13. NAME Fred G. Baker

14. BIRTHPLACE (CITY OR TOWN) Ark. (STATE OR COUNTRY) 2

15. MAIDEN NAME Anna Peterson

16. BIRTHPLACE (CITY OR TOWN) K.C.Mo. (STATE OR COUNTRY) 1

17. INFORMANT Mrs. Anna Lloyd (ADDRESS) 4625 Genesee

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct. 31 19 32

19. UNDERTAKER Gates Funeral Home (ADDRESS) Kansas City

20. FILED 10/31 19 32 M. M. Lippincott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29 19 32

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Suicide Abdomen

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Stanley M. Hall, M. D.

(Address)

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

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.

