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

Do not use this space.

5418

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2004
City Springfield (No. 1015 N. Freemont St. Ward)

File No.
Registered No. 182

2. FULL NAME Chester R. Baker
(a) Residence, No. 1015 N. Freemont 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): Aug 1 - 1908
7. AGE: YEARS 24 MONTHS 6 DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Colorado

FATHER
13. NAME: Jesse C. Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Nettie L. Dennis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kan.

17. INFORMANT (ADDRESS): Jesse C. Baker, Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Danforth Cemetery
PLACE DATE Feb 28, 1933
19. UNDERTAKER (ADDRESS): J. W. Klingner & Co, Springfield, Mo.
20. FILED 2-28, 1933 Ralph W. Langston, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 25th, 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1933, to Feb. 25th, 1933
I last saw him alive on Feb. 25th, 1933. Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
1078	
1510	

Other contributory causes of importance:
Acute Nephritis

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

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? No
If so, specify
(Signed) Paul O. Upshaw, M.D., M. D.
(Address) Medical Arts Bldg.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD