

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Mary Hospital
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Mercy Hospital)

File No. 16509
Registered No. 1997
St. _____ Ward _____

2. FULL NAME

Wayne Eugene Baker

(a) Residence. No. _____ St. _____ Ward. Hale, Mo.
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Child
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 1933

7. AGE YEARS ## MONTHS 4 DAYS 5 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) Tina, Mo.
(STATE OR COUNTRY) Cassell County, Mo.

10. NAME OF FATHER Robert Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cassell County, Mo.
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Eva James

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chico, Mo.
(STATE OR COUNTRY) Mo.

14. INFORMANT Robert Baker
(Address) Tina, Mo.

15. FILED 5-9-33 m.m. crued
REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-9-33

17. I HEREBY CERTIFY, That I attended deceased from 4-19-33, 1933, to 5-9-33, 1933, that I last saw h.i.m. alive on 5-8-33, 1933, and that death occurred, on the date stated above, at 2:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Broncho pneumonia
7 weeks

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) None
(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) H. M. Gilkey M. D.
, 19 _____ (Address) Mercy Hosp.

*State the DISEASE CAUSE OF 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 Tina, Mo. DATE OF BURIAL 5/10 1933

20. UNDERTAKER Clifford Austin Tina, Mo.
(Clifford - Austin)

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.

Jan

1432