

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

Do not use this space.

**1. PLACE OF DEATH**

County JACKSON

Registration District No. 389

Township KAW

Primary Registration District No. 3002

City KANSAS CITY

(No. SIMPSON, MAJOR SANITARIUM - 3100 EUCLID Ward)

File No. 16710

Registered No. 2207

**2. FULL NAME** JAMES ALBERT BAKER

(a) Residence, No. 3304 INDIANA St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MRS. CORA BAKER</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL-6-1864</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>1</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FIRE INSURANCE</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>ADJUSTER</u>		
10. Date deceased last worked at this occupation (month and year) <u>1932</u>		11. Total time (years) spent in this occupation <u>50</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LOYA</u>
13. NAME <u>ALBERT C. BAKER</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>FREDERICKSTOWN OHIO</u>
15. MAIDEN NAME <u>UNKNOWN BEVERLY</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NEW YORK</u>
17. INFORMANT <u>MRS. CORA BAKER</u> (ADDRESS) <u>3304 INDIANA AVE.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>STATE CENTER, LOWA</u> DATE <u>May 24 33</u>
19. UNDERTAKER <u>D.W. NEWCOMER'S SONS</u> (ADDRESS) <u>KANSAS CITY, MISSOURI</u>
20. FILED <u>May 24 1933</u> <u>m. m. Brown</u> <u>Registrar.</u>

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 24 1933

22. I HEREBY CERTIFY, That I attended deceased from any 1931 to May 23, 1933  
I last saw him alive on 2/23 11:30 P.M., 1932 Death is said to have occurred on the date stated above, at 12:05 A.M.  
The principal cause of death and related causes of importance were as follows:  
Aortic stenosis  
passive congestion  
arteriosclerosis  
Date of onset 1931  
Other contributory causes of importance: arteriosclerosis 1930  
Name of operation None Date of       
What test confirmed diagnosis?      Was there an autopsy? Yes  
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? Yes  
If so, specify       
(Signed) R. I. Bohad, M. D.  
(Address) MW Art Bldg

Be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state what it may be properly classified. Exact statement of OCCUPATION is very important.

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ST... blanda  
rate...  
10...  
leg  
TOAXE  
metals' s for

9<sup>th</sup> floor  
MCA

7-4

**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 Jackson Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_ Registered No. 2207  
 City Elmo (No. Sumner Major Parkersburg) Ward \_\_\_\_\_

**2. FULL NAME**

James Albert 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**

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 1 18

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) \_\_\_\_\_

MOTHER FATHER  
 13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED May 24 1933 M. M. Corneil Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 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:

Acute Stenosis Date of onset \_\_\_\_\_

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) \_\_\_\_\_, M. D.  
 (Address) \_\_\_\_\_

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. RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-16710