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

Do not use this space.
26525

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City KANSAS CITY (No. HOTEL MUEHLEBACH - 12TH + BALTIMORE Ward)

File No. 3266
Registered No.

2. FULL NAME JOHN E BAKER

(a) Residence, No. St., Ward. GARDEN CITY KANSAS
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 26 1933

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.

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~~ MRS. CLARA BAKER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY-17-1858

7. AGE: YEARS 75 | MONTHS 0 | DAYS 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MERCHANT + BANKER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. E. BAKER MERCANTILE CO.
10. Date deceased last worked at this occupation (month and year) AUGUST-1933
11. Total time (years) spent in this occupation 54 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

FATHER
13. NAME UNKNOWN BAKER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MR. A. H. WARNER
(ADDRESS) 5236 ROCKHILL ROAD

18. BURIAL, CREMATION, OR REMOVAL
PLACE GARDEN CITY, KS. DATE AUGUST-16, 1933

19. UNDERTAKER D. W. NEWGOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 8/16, 1933 M. M. Crowe Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-16 1933

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1933, to August 16, 1933
I last saw him alive on Aug. 16, 1933 Death is said to have occurred on the date stated above, at 9:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	
Hypertension	
90	
94B	
94B	
Other contributory causes of importance:	
Coronary Thrombosis	
102	

Name of operation none 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) L. M. Shapiro, M. D.
(Address) 230 Argyle

er. L. M. Shapiro
230 Argyle Bldg
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