

MAR 24 1934

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

Do not use this space.

BH 5250

1. PLACE OF DEATH

County Jackson Registration District No. 7008  
Township Kaw Primary Registration District No. 2018 Cleveland  
City K.C. Mo. (No. 2018 Cleveland)

File No. \_\_\_\_\_  
Registered No. 980 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Roy William Baker

(a) Residence, No. 2018 Cleveland 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 <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>Bertha L. Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-19-1899</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>3</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Metal Plates</u>		11. Total time (years) spent in this occupation. _____
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) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1934

22. I HEREBY CERTIFY that the deceased from \_\_\_\_\_, 19\_\_\_\_  
I last seen \_\_\_\_\_ 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:  
chronic pulmonary tuberculosis Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
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) [Signature] M.D.  
(Address) \_\_\_\_\_

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

13. NAME Wesley Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME Mary Lutz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Bertha L. Baker  
(ADDRESS) 2018 Cleveland City

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary DATE 3/3/34

19. UNDERTAKER Mrs. C. J. Foster  
(ADDRESS) 918 Broadway, K.C. Mo.

20. FILED 2-2 1934 M. M. Crowe  
Coast Registrar.

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.

THIS IS A PERMANENT RECORD

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