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.

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

NOV 20 1934

Do not use this space.

36344

1. PLACE OF DEATH
County Jackson — Registration District No. 404 — File No.
Township [illegible] — Primary Registration District No. 5558 — Registered No. 74
City Kansas City (No. 71 Highway & Blue Ridge St. Ward)

2. FULL NAME Joseph Baum
(a) Residence No. 5020 Virginia St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
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) Apr. 30, 1879
7. AGE YEARS 55 MONTHS 5 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Packer
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) Germany
FATHER
13. NAME M. Baum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
MOTHER
15. MAIDEN NAME Haudon Baum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) P. Baum 5020 Virginia
18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Oct. 22, 1934
19. UNDERTAKER (ADDRESS) Carroll Davidson Und Co. 3024 Troost Ave.
20. FILED 10/25, 1934 Geo. R. Dagg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/19/34, 19
22. I HEREBY CERTIFY that I attended deceased from [illegible], 19 to [illegible], 19
I last saw h.... alive on [illegible], 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:
Primary Schrosis
Chronic Infarct Myocarditis
93C
Other contributory causes of importance:
14D
Date of onset
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) [signature], M. D.
(Address)