

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 7 8 1935

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

Do not use this space.

398

43141

1. PLACE OF DEATH
 County Jackson Registration District No. _____
 Township Kan Primary Registration District No. 3002
 City K.C. Mo (No. Wheally Prof Hosp St. 5527 Ward)

2. FULL NAME Forest Lee Baker River
 (a) Residence, No. 706 1/2 Endy 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>M</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>aug 8th 1934</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>4</u>	<u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, 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) <u>K.C. Mo</u>		
13. NAME <u>Forest Baker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Willetta Rivers</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Willetta Baker</u> (ADDRESS) <u>706 1/2 Endy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Lave</u> DATE <u>12-26</u> 19 <u>34</u>		
19. UNDERTAKER <u>H. B. Moore</u> (ADDRESS) <u>1820 E 18th St</u>		
20. FILED <u>12-34</u> 19 <u>34</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1934 to Dec 22 1934
 I last saw him alive on Dec 22 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia (Primary)
 Date of onset Dec 19, 1934

Other contributory causes of importance:
1078
1079

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? No
 If so, specify _____
 (Signed) Frank S. Hooper
 (Address) 900 Prof Bldg

