

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.

APR 2 1936

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. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City El Paso (No. Therapy Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1173C  
 Registered No. 3

2. FULL NAME

John Baker  
 (a) Residence, No. 2015 Lawn St. 12 Ward.

(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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-10-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
10 1 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Pure

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) Harrison Ark

13. NAME Bertie Burdine

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

15. MAIDEN NAME Wm Baker

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

17. INFORMANT (ADDRESS) Wm Baker

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrison Ark DATE 1-3-36

19. UNDERTAKER (ADDRESS) None J. Henderson

20. FILED 1/2 1936 Th M Gross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-21-1935, to 1-2-1936

I last saw him alive on 1-2-1936 Death is said to have occurred on the date stated above, at El Paso.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset 12-7-35

Other contributory causes of importance:  
Pericarditis  
Empyema

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) Harry C. Cerni M. D.  
 (Address) 806 Professo Bldg.

