

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.

9124

1. PLACE OF DEATH

County Andrain

Registration District No. 26

Township Salt River

Primary Registration District No. 3002

City Mexico Mo (No. Andrain Hospital)

File No.

Registered No. 37

St.

Ward

2. FULL NAME Olin J. Baker

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Wichita Kansas
(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

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

Katherine Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

35

6

25

OCCUPATION

8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc.

Used Car Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own business

10. Date deceased last worked at this occupation (month and year)

March 1936

11. Total time (years) spent in this occupation

8

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Arkansas

FATHER

13. NAME

Don't know

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

MOTHER

15. MAIDEN NAME

Don't know

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

17. INFORMANT Joe Murphy

(ADDRESS)

3002 N. Central, Wichita

18. BURIAL, CREMATION, OR REMOVAL

None

PLACE Wichita Kansas DATE 3-18

1936

19. UNDERTAKER

(ADDRESS)

H. S. Grainger

Ladonia, Mo.

20. FILED

3/18/

1936

Blanche Neely

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw him alive on Coroner's Case; 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:

Coroner's Verdict: died of internal hemorrhage the result of a punctured wound in the region of the right kidney. Wound caused by glass in an automobile accident at Basinger corner in Andrain County, Phillips Township, Wichita Co., on March 17, 1936.

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? Accident Date of injury March 17, 1936

Where did injury occur? 2 1/2 mi. north of Ladonia

(Specify city or town, county, and State) Mo.

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury automobile accident

Nature of injury Punctured wound in the

region of the kidney

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. S. McShall Coroner Andrain, Mo.

(Address) Ladonia, Mo.

