

APR 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County BuchananRegistration District No. 8File No. 11250

Township

Primary Registration District No. 100Registered No. 361City St. Joseph(No. 414 Thompson)

St. \_\_\_\_\_ Ward)

Baby Boy Baker

## 2. FULL NAME

414 Thompson

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward.

(Usual place of abode)

(If nonresident, give city of 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)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1937

## 7. AGE

YEARS

0

MONTHS

0

DAYS

0

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

## OCCUPATION

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)

St. JosephMissouri

## 13. NAME

Berton Baker

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

Eureka SpringsArkansas

## 15. MAIDEN NAME

Laura Wilson

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

UnknownKansas

## 17. INFORMANT (ADDRESS)

Berton Baker  
414 Thompson

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE Mar 20 1937

## 19. UNDERTAKER (ADDRESS)

Barry Wylie  
5025 York St.

## 20. FILED

3/20 1937H. J. Nestel  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Mar 19 1937, to Mar 19 1937I last saw him at noon born dead, 19... Death is saidto have occurred on the date stated above, at 12 P. m.

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

Still Birth

Date of onset

Other contributory causes of importance:

Chromosomal separation of  
chromosomes

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chromosome Was there an autopsy? No.

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? Yes

If so, specify \_\_\_\_\_

(Signed) J. H. McAdams, M. D.(Address) De Kalb, Mo.

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.

