SEP 21 1937

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

Do not use this space.

29581

File No. 3215

Registered No.

1. PLACE OF DEATH
County JACKSON
Township Kaw
City KANSAS CITY (No. 3023 MONTGALL St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME MR. DAVID S BAKER
(a) Residence, No. 3023 MONTGALL St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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 MARY E BAKER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 6, 1873

7. AGE: YEARS 63 MONTHS 8 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PAINTER
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) CLINTON MISSOURI

FATHER
13. NAME JOHN BAKER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER
15. MAIDEN NAME Nettie Vickers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MARY E BAKER 3023 MONTGALL

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leven Worth Ks. DATE 19

19. UNDERTAKER (ADDRESS) D W Newconie Sons Brushcreek + Pasco

20. FILED Aug 2 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1937

22. I HEREBY CERTIFY That I attended deceased from January 10, 1937 to July 31, 1937
I last saw him alive on July 31, 1937 Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

Aneurysm of the thoracic aorta

Date of onset: Six months Jan 1937

Other contributory causes of importance:
Thrombosis of left pulmonary artery

July 28 1937

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) John K. Caldwell, M. D.
(Address) Kansas City, Mo.

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.

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Dr John Caldwell