

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

Do not use this space.

36607

4033

NOV 18 1937

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY (No. 4616 VIRGINIA)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME MRS. CARRIE TORBERT BAKER

(a) Residence, No. 2201 EAST 69th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN H. BAKER 1912
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 29-1867
7. AGE YEARS 70 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934, to Oct. 6, 1937
I last saw her alive on Sept. 25, 1937. Death is said to have occurred on the date stated above, at 1301 m.
The principal cause of death and related causes of importance were as follows:

Myocardial degeneration
Chronic nephritis
Date of onset _____

Other contributory causes of importance: 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI
13. NAME JOHN W. TORBERT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
15. MAIDEN NAME GLASCOCK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
17. INFORMANT JOHN C. BAKER (ADDRESS) 2201 E. 69th
18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASH. DATE OCT. 8 1937
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) BC & PASCO
20. FILED Oct 8 1937 M. M. Lenore Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Benjamin S. J. I, M. D.
(Address) 803 E. Paseo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Baker

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