

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.

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Nevada
 Townshlp Nevada
 City Nevada (No.)

Registration District No. 825
 Primary Registration District No. 3039

File No. 39037
 Registered No. 279
 St. Ward

2. FULL NAME

Baby Baker

(a) Residence, No. 1437 E. Austin St. 5 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 19 - 1937</u>		
7. AGE	YEARS	MONTHS
<u> </u>	<u> </u>	<u> </u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) <u>Nevada</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>James Baker</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Nevada</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Arby Wardrip</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Nevada</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>James Baker Nevada Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Wheeler Road Cem Oct 21 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Ferry General Home Nevada Mo</u>		
20. FILED <u>Oct 27 1937 Allen V. Hays Regis./ar.</u>		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Oct 19 3/4 to Oct 19 3/4 1937.
 I last saw him alive on Oct 19 3/4 1937. Death is said to have occurred on the date stated above, at 9:25 a.m.
 The principal cause of death and related causes of importance were as follows:
Toxemia of late pregnancy
Don't know - the mother had no prenatal care
 Date of onset Don't know
 Other contributory causes of importance:
Don't know - the mother had no prenatal care

Name of operation Exam Date of
 What test confirmed diagnosis? Exam 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? no
 If so, specify
 (Signed) W. Rose M. D.
 (Address) Nevada Mo

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39037
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township _____ Primary Registration District No. 3.009 Registered No. 279
 (c) City Nevada (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Baker

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>4</u> hrs. or <u>4</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as 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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE		
19. FUNERAL DIRECTOR (ADDRESS)		
20. FILED _____ 19 _____		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

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

Toxemia of late pregnancy Date of onset _____

This birth was full term.

The mother was eclamptic

+ no doctor saw the case

started after labor

came on immediately

W. J. Love M.D.

23. If death was due to external causes (violence, etc.) also the following:
 Accident, suicide, or homicide. Date of injury _____, 19____
 Where the injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industrial home or in public place.
 Name of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____, M. D.
 (Signed) W. J. Love
 (Address) Nevada Mo.

Local Registrar.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

