

DEC 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 397
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Lukes Hospital) St. _____ Ward _____

File No. 40263
Registered No. 45100

2. FULL NAME

CHARLES EDWARD BAKER

(a) Residence, No. _____ St. _____ Ward. Belleville, Kansas
(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

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 Ethel Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1895

7. AGE YEARS 42 MONTHS 1 DAYS 23
If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker's Assistant

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) Kansas

13. NAME Edward Baker

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

15. MAIDEN NAME Lena Kasten

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

17. INFORMANT L. E. Baker
(ADDRESS) 958 West 42nd Street, Kansas Cy.

18. BURIAL, CREMATION, OR EXHUMATION PLACE Belleville, Kans. DATE Nov. 13, 1937

19. UNDERTAKER Stine & McClure
(ADDRESS) Kansas City, Missouri

20. FILED Nov 14 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1937, to Nov 11, 1937.

I last saw h. alive on Nov 11, 1937. Death is said

to have occurred on the date stated above, at P. 8:30 m.

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

Pneumonia Date of onset _____

Chronic bronchitis Nov 2

Heart 108

Other contributory causes of importance:

Essential hypertension 3 days

Chronic jaundice

Name of operation _____ Date of _____

What test confirmed diagnosis? Chromosomes Was there an autopsy? _____

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) L. P. Miller, M. D.

(Address) 1132 Missouri Bldg

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.

Proof