

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

Do not use this space.

44022

1. PLACE OF DEATH JAN 17 1938

County Jackson
Township Franklin
City Camden (No. Keagen)

Registration District No. 399
Primary Registration District No. 1002

File No. 4925
Registered No. _____
St. _____ Ward _____

2. FULL NAME Thomas Baden

(a) Residence, No. 4633 State Street 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

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 8

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME Wm

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

15. MAIDEN NAME Rebecca Roberts

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

17. INFORMANT (ADDRESS) Record Dept

18. BURIAL, CREMATION, OR REMOVAL Maple Hill DATE 12-9-37

19. UNDERTAKER (ADDRESS) Quinn - Jolin

20. FILED Dec 7 1937 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-6 1937, to 12-6 1937
I last saw him alive on 12-6 1937. Death is said to have occurred on the date stated above, at 11:40 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Bilateral Tuberculosis (lungs)
Other contributory causes of importance: Calcified Empyema right

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____
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) E. P. De Maria, M. D.
(Address) Dupt Keagen Hope

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.

