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.

REC'D MAR 14 1938

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

Do not use this space.

File No. 5702
Registered No. 768

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo (No. Menorah Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Baker, Mr. Joseph W.
(a) Residence, No. St., Ward. Braymer, Mo.
(Usual place of abode) (If nonresident, give city of town and State)
Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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 Lizzie C. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Jan 1938
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barber Co. West Va.

FATHER
13. NAME Joseph K. Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Maryland

MOTHER
15. MAIDEN NAME Matilda Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barber Co. West Va

17. INFORMANT (ADDRESS) B F Mead, Mrs J. Baker + Richmond, Mo Braymer, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE 2/18 1938

19. UNDERTAKER (ADDRESS) B F Mead Braymer, Mo

20. FILED 7/16, 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1938, to 2-16, 1938
I last saw him alive on Feb 15, 1938. Death is said to have occurred on the date stated above, at 2 am. 2-16-38
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
107a	

Other contributory causes of importance:
Prostatic Hyperbrophy

Name of operation Prostatectomy Date of 2-8-38
What test confirmed diagnosis? dispersion 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Chester R. Smith, M. D.
(Address) 505 Professional Bldg.