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.

NOV 22 1936

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

Do not use this space.

37107

1. PLACE OF DEATH
County Clay. Registration District No. 201 File No. 102
Township Liberty Primary Registration District No. 5280 Registered No.
City (No. , St. Ward)

2. FULL NAME Leon Baptista
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Mexican
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't know
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown.
7. AGE YEARS 50 MONTHS Unknown DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer on
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rock Island
10. Date deceased last worked at this occupation (month and year) R. R.
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Book Keeper. Rock Island Extra construction.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Clay Co. Farm DATE Oct. 24, 1936
19. UNDERTAKER (ADDRESS) Hessel - Myers. Liberty Mo.
20. FILED 10-24, 1936 E T Brant Registrar Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4, 1936
22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on Corner, 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
by being Struck by a Train - Crushing Right Side Ribs & Lungs - almost Ecking Right Leg - at Hip
Date of onset
Other contributory causes of importance:
Killed near Mosby Mo.
Name of operation Date of no
What test confirmed diagnosis? Sunny Body Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10-4, 1936
Where did injury occur? Nearmosby Clay County Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Publish work - Rail Road
Manner of injury as stated above
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Catherine Wyson Corner M. D.
(Address) Liberty Clay Co Mo