SEP 20 1937

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

Do not use this space.

30936

1. PLACE OF DEATH
County Jasper
Township Galena
City Joplin (No. , St John's Hospital St. Ward)

Registration District No. 411
Primary Registration District No. 2002

File No.
Registered No.

2. FULL NAME Harry Baum
(a) Residence, No. 611 Jackson St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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~~ Sarah Baum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-8 [redacted] 1883

7. AGE: [redacted] YEARS 54 MONTHS 6 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Boston Shoe Repair Shop
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) Poland

FATHER
13. NAME David Baum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

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

17. INFORMANT (ADDRESS) Louis Baum

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt Hope DATE Aug. 2, 1937

19. UNDERTAKER (ADDRESS) Lanpher Mortuary

20. FILED 8-2, 1937 Ed D Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/1/37, 19 , to 8/1/37, 19
I last saw him alive on 8/1/37, 19 Death is said to have occurred on the date stated above, at 5:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Acute Myocarditis	?

Other contributory causes of importance:

94B

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Merwin H Blasch, M. D.
(Address) Frisco 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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PLANET WITH ...

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