

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.

JAN 17 1938

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

Do not use this space.

44186

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City

Registration District No. 399
Primary Registration District No. 1007
No. Mercy Hospital

File No.
Registered No. 5089
St. (Ward)

2. FULL NAME

James P. Baska
(a) Residence, No. 434 N. 17th Kans. City, Kans. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17-1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
1 2 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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 City, Kansas

13. NAME Joseph A. Baska

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kansas

15. MAIDEN NAME Mary Standley

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

17. INFORMANT (ADDRESS) Joseph A. Baska, Father, 434 N. 17th St. Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Dec. 20-1937

19. UNDERTAKER (ADDRESS) Daniel Brown, Kansas City, Kansas.

20. FILED Dec 17 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1936 to Dec. 1937

I last saw him alive on 12-17- 1937 Death is said to have occurred on the date stated above, at 3 P. m.

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

Pneumonia, Broncho
15/16

Other contributory causes of importance:

Hydrocephalus + Brain atrophy

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

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 E. J. Glascock, M. D.
(Signed) E. J. Glascock, M. D.
(Address) 1302 Prof. Bldg.

Dr. E. L. Hancock (1871-1872)
No. 2262