MAR 26 1928

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

Do not use this space.

1. PLACE OF DEATH

County: St Louis — Registration District No. 785 — File No. 6198

Township: Bonhomme — Primary Registration District No. 6031 — Registered No. 53

City: ..... (No. Geavais Road St. ..... Ward)

2. FULL NAME Jennie Maude Baird

(a) Residence (Usual place of abode) No. Geavais Road St., ... Ward. ..... (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: Female
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: Harry D. Baird

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 22 1890

7. AGE: Years 37 — Months 1 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Lebanon
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Sam Nichols
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Julia Rogers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Indiana

14. INFORMANT: Harry D. Baird
(Address): RR#12 Kirkwood Mo

15. FILED 3/10, 1928 C E Barnett MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Feb 7, 1928, that I last saw her alive on Feb 6, 1927, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108 101a

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY): .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Arthur Shuffle, M. D.

2/8, 1928 (Address) 3403 N 14 St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Charles Mo — DATE OF BURIAL: Feby 9 1928

20. UNDERTAKER: H Dallmeyer & Sons Co — ADDRESS: St Charles Mo

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.