

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

Do not use this space.

9218

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1398
 Township Law Primary Registration District No. 1002 Registered No. 1398
 City Kansas City, Mo. St. General Hoop Ward

2. FULL NAME

Baird Gertrude
 (a) Residence, No. 4231 Adams St. Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. 16 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE: YEARS 7 MONTHS 6 DAYS 00 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)

(STATE OR COUNTRY) Iowa

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT Reverend Clerk
 (Address) K.C. Genl Hoop

15.

FILED 3/28 28 M. M. Conroy
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-27 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-25 1928, to 3-27 1928, that I last saw him alive on 3-27 1928, and that death occurred, on the date stated above, at 7:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
938
107490B
 (duration) ____ yrs. ____ mos. ____ da.
 CONTRIBUTORY Myocardial degen-
eration (SECONDARY) (duration) ____ yrs. ____ mos. ____ da.

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) P. E. Williams, M. D.
3-28, 1928 (Address) Supt K.C. Genl Hoop

*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 **DATE OF BURIAL**

Dunkerton Ia 3/28/28

20. UNDERTAKER **ADDRESS**

Mrs. C. L. Foster R. C. No.

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.

WHILE IN EFFECT, WITH OBTAINING THEREOF THIS IS A PERMANENT RECORD

