

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

Do not use this space.

1. PLACE OF DEATH

County McDonald
Township Prairie
City Southwest City (No., St. Ward)

Registration District No. 315
Primary Registration District No. 4311

File No. 9725
Registered No.

2. FULL NAME Ella Francis Baird

(a) Residence. No. St. 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. da. 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 P.M. Baird

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13th 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>53</u>	<u>4</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Housework
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alert Indiana
(STATE OR COUNTRY)

10. NAME OF FATHER Zephie Irvin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT P.M. Baird
(Address) Southwest City Mo

15. FILED 3/21 19 28 John J. Nichol
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20th 19 28

17. I HEREBY CERTIFY That I attended deceased from June 1st 19 27, to March 20th 19 28 that I last saw h. er alive on March 20th, 19 28 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Lung

47 49
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH.....

Did an operation precede death? No DATE OF.....
Was there an autopsy? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. J. Payne, M. D.
3-21 19 28 (Address) Southwest City Mo.

*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 Centerton Arkansas DATE OF BURIAL March 21st 19 28

20. UNDERTAKER Nichols Brothers ADDRESS Southwest City Missouri

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.

