

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

Do not use this space.

31987

1. PLACE OF DEATH

County.....*St. Louis*..... Registration District No. **791**
 Township.....*St. Louis*..... Primary Registration District No. **1003**
 City.....*St. Louis*..... (No. *Missouri Pacific Hospital*..... Ward) Registered No. **9247**

2. FULL NAME

Edw. C. Baird
 (a) Residence. No. *Mo. Pacific Hospital 17* St. Ward. *Tulsa Okla.*
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. **9** da. How long in U.S., if of foreign birth? yrs. mos. da.

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 *Mrs E.C. Baird.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct-4-865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
62 10 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Pensioner-(Conductor)*
 (b) General nature of industry, business, or establishment in which employed (or employer) *Railroad*
 (c) Name of employer *Mo. Pac. R.R.*

9. BIRTHPLACE (CITY OR TOWN) *Iron Mountain*
 (STATE OR COUNTRY) *Mo.*

10. NAME OF FATHER *Robert Baird*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Unknown*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Margaret Berke*

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

14. INFORMANT *Harriett Baird*
 (Address) *Ironton, Mo*

15. FILED *17* 19 *28* *Max C. Stork* REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept. 15, 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Sept 7, 1928*, to *Sept 15, 1928*, that I last saw him alive on *Sept 15, 1928*, and that death occurred, on the date stated above, at *5 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic.
Hypertension

18. WHERE WAS DISEASE CONTRACTED
 (duration) yrs. mos. da.
 (PRIMARY) *Myocarditis, Chronic Interstitial.*
 (SECONDARY) *Rh. Meningitis due to cerebral hemorrhage & apoplexy*

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*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 *Ironton, Mo* DATE OF BURIAL *Sept 17-1928*

20. URBERTAKER *C. R. Lupton* ADDRESS *4449 Olive St.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

