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

Do not use this space.

File No. 29997
Registered No. 3034

1. PLACE OF DEATH

County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1002
City: Kansas City (No. Geo. H. Nettleton Home St. Ward)

2. FULL NAME Mary E. Baird

(a) Residence. No. Geo. H. Nettleton Home 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 7th, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	80	9	4	

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

9. BIRTHPLACE (CITY OR TOWN) Lancaster
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Samuel S. Doty
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Wahale Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT Charles P. Russell
(Address) 414 E. 45th St.

15. FILED 9/16 1930 M. M. Crouse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1930, to Sept 15, 1930, that I last saw him alive on Sept 12, 1930, and that death occurred, on the date stated above, at 8:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94A
97
(duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (SECONDARY) Arteria Sclerosis
(duration) 5 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) John G. Lapp, M. D.
9/16, 1930 (Address) 1314 Professional Bldg

*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~~ Elmwood Cemetery Crematory — DATE OF ~~BURIAL~~ 9-17-1930

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

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.

Dr. J. [illegible] Tapp

Ry. Bldg. Vi. 1535