

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.

SEP 21 1932

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

Do not use this space.

25285

1. PLACE OF DEATH

4 County Cochran Registration District No. 26
4 Township Indian Primary Registration District No. 2002
7 City Mexico Mo (No. _____, _____ St. _____ Ward _____)

File No. _____
Registered No. 91
St. _____ Ward _____

2. FULL NAME

Walter Baird
(a) Residence, No. 519 S. Davis St. 4 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rapie Baird
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 55
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Rapie Baird
(ADDRESS) Mexico, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood, Mexico, Mo DATE Aug. 5 1932
19. UNDERTAKER N. A. Pugh & Son
(ADDRESS) Mexico, Mo.
20. FILED Aug 4 - 1932 Ira S. Milligan Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h alive on leave, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of impotence were as follows:
Unknown -- at his home, 519 S. Davis St., Mexico, Mo. from causes unknown.
Date of onset _____

Other contributory causes of importance:
2003 2 0 13
Name of operation _____ Date of _____
What test confirmed diagnosis? 3 Was there an autopsy? 5

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. M. D. Bridgford, Coroner, M. D.
(Address) Mexico, Mo.
Rev. A. Jones
deputy

