

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

Do not use this space.

30237

1. PLACE OF DEATH
 County St. Louis Registration District No. 786
 Township Central Primary Registration District No. 4469
 City Maplewood (No. 3402 Commonwealth Ave., St. _____ Ward _____)

File No. _____
 Registered No. 52

2. FULL NAME Malcom Baird
 (a) Residence No. 3402 Commonwealth Ave. Ward _____
 (Usual place of abode)
 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred - yrs. 4 mos. - ds. How long in U.S., if of foreign birth? 22 yrs. - mos. - ds.

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 Annie (Bell) Baird
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 17, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 1 10
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer 237
 (b) General nature of industry, business, or establishment in which employed (or employer) General
 (c) Name of employer Unemployed

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Scotland

10. NAME OF FATHER Daniel Baird

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Jeanette Baird
 (SEE NOTE on margin)

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

14. INFORMANT Daniel Baird (son)
 (Address) 3402 Commonwealth, Maplewood

15. FILED 9/29, 1932 Mercedes Schunter
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27, 1932
 17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1932, to Sept 27, 1932 that I last saw him alive on Sept 27, 1932, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: ACUTE
LOBAR PNEUMONIA
100% RT. SIDE
100% ACUTE PLEURITIS
RT. SIDE
 (duration) _____ yrs. _____ mos. 3 ds.
 CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Francis J. McKee, M. D.

9/27, 1932 - (Address) 410 W. Florissant
 *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 Oak Hill Cemetery
Kirkwood, St. Louis Cty., Mo. DATE OF BURIAL Oct 1 1932

20. UNDERTAKER Allen W. McLaughlin
 ADDRESS 23 W. Lockwood
Webster Grove

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.

NOTE - Maiden name of Mother was the Same - but not related

PARENTS

OCT 29 1932

1934 9 27
1866 8 17
66 10