

DEC 13 1934

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

Do not use this space.

35491

1. PLACE OF DEATH

County

Cedar

Registration District No.

164

Township

Bentley

Primary Registration District No.

3229

City

(No)

Maud Alma Baird

File No.

160

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

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

Charley Baird

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 7-1896

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

58

9

5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Owner

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)

Cedar Co. Mo.

MOTHER

13. NAME

Isaac Bynum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

15. MAIDEN NAME

Mary M. Cull

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ill.

17. INFORMANT (ADDRESS)

Maud Baird
Springer

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cedar Co. Mo. DATE Oct 14 1934

19. UNDERTAKER (ADDRESS)

Spnutchelle
Springer

20. FILED

Nov-13-1934 Maud May Heiber Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 12 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept 6 1934 to Sept 6 1934

I last saw her alive on Sept. 6 1934 Death is said

to have occurred on the date stated above, at 11-5 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

25A

Name of operation

None

Date of

What test confirmed diagnosis?

None

Was there an autopsy?

No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

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) J. R. Williams, M. D.

(Address) El Dorado Springs,

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.

