

MAP 3.8 1935

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

Do not use this space.

6368

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Scotolia

Primary Registration District No. 3032

City Scotolia

(No. 410 S. St.)

File No. 76

Registered No. 668

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Frank P. Baird

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Pearl Baird</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 13-1853</u>		
7. AGE <u>81</u>	YEARS <u>2</u>	MONTHS <u>10</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>General chrs.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General chrs.</u>
	10. Date deceased last worked at this occupation (month and year) <u>Dec 1933</u>
	11. Total time (years) spent in this occupation <u>30</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

13. NAME John Baird

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

15. MAIDEN NAME Junie Mulligan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Pearl Baird  
Scotolia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE Feb 25 1935

19. UNDERTAKER (ADDRESS) M & Laughlin Bros  
Scotolia

20. FILED Feb 20 1935 Jean Slack  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1935

22. I HEREBY CERTIFY, That I attended deceased from June 9 1935 to Feb 23 1935

I last saw him alive on February 23 1935 Death is said to have occurred on the date stated above, at 11:30 m.

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

Cardio-vascular renal syndrome

Other contributory causes of importance None

Name of operation None Date of None

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? No Date of injury \_\_\_\_\_ 1935

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. B. Baker M. D.

(Address) Scotolia, Mo.

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.

THIS IS A PERMANENT RECORD

