

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

Do not use this space.

14009

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. _____
 Township _____ Primary Registration District No. 3034 Registered No. 86
 City Moberly (No. Woodland Hospital) St. _____ Ward _____

2. FULL NAME

Margaret M. Baird (a) Residence, No. _____ St. _____ Ward. Decatur Ill
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>Leland J. Baird</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13th 1896</u>		
7. AGE	YEARS	MONTHS
	<u>38</u>	<u>10</u>
		<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24th, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1935, to April 24, 1935.
 I last saw her alive on April 24, 1935. Death is said to have occurred on the date stated above, at 10⁰⁰ a.m.

The principal cause of death and related causes of importance were as follows:
Peritonitis following tubo-ovarian abscess - vaginal amputation of uterus

Other contributory causes of importance:
1395

Name of operation See above Date of April 15/35
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X 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? No
 If so, specify _____
 (Signed) R.D. Sheeter M. D.
 (Address) Moberly, Mo.

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

MOTHER FATHER

13. NAME William H Ulen

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

15. MAIDEN NAME Gertrude

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

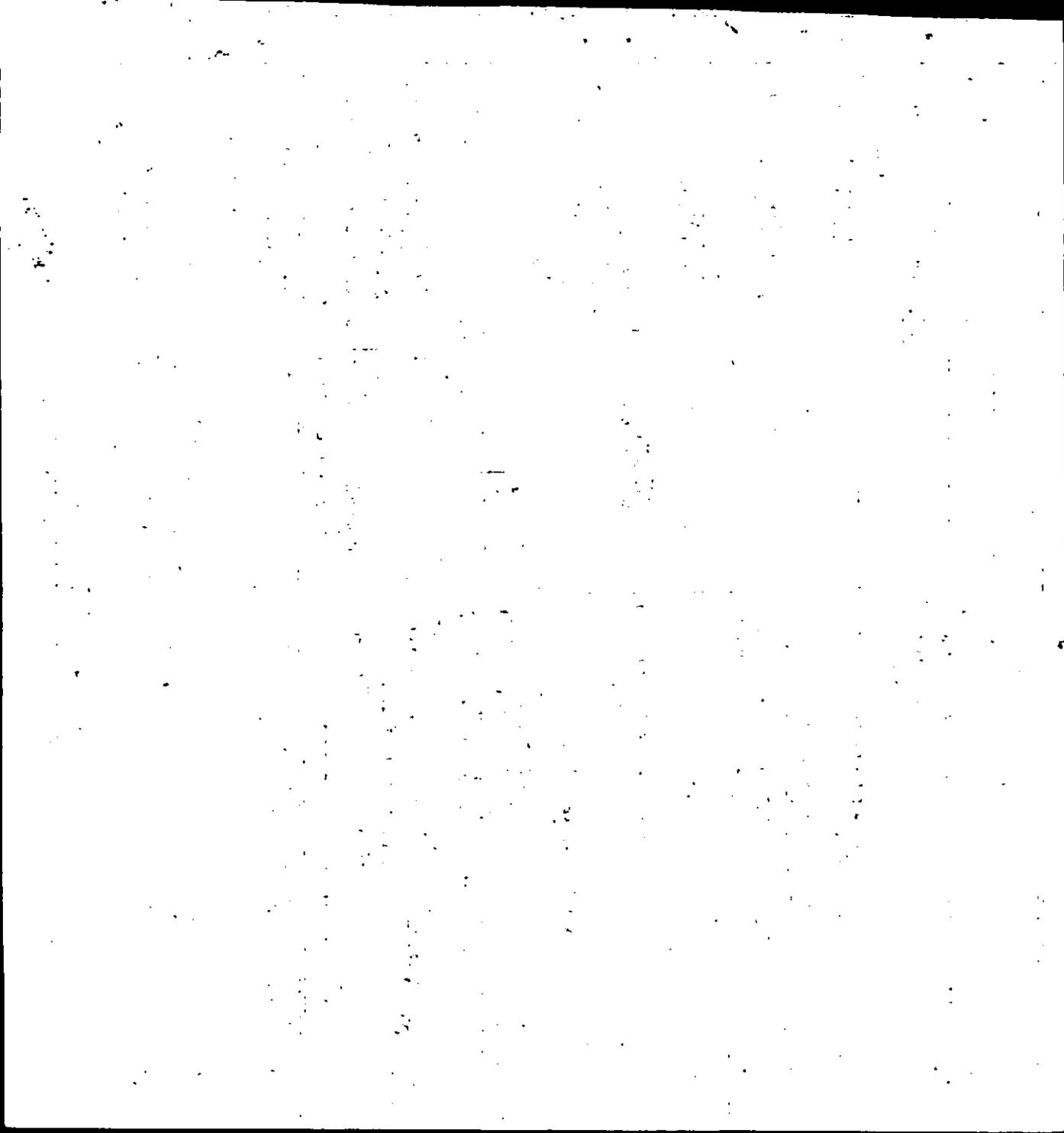
17. INFORMANT Mrs. W. H Ulen
 (ADDRESS) Moberly

18. BURIAL, CREMATION, OR REMOVAL PLACE Decatur Ill DATE Apr. 26th, 1935

19. UNDERTAKER Mahan & Son
 (ADDRESS) Moberly Mo

20. FILED 4/24, 1935 Virginia Walker
 Registrar

Exact statement of OCCUPATION is very important.



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1. PLACE OF DEATH

County Randolph
Township _____
City Moberly (No. _____)

Registration District No. 735-
Primary Registration District No. 3034

File No. _____
Registered No. 86 St. _____ Ward)

2. FULL NAME Margaret M 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 10 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) _____

FATHER
13. NAME _____

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

MOTHER
15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS) _____

20. FILED 7/2 1935 Virginia Walker Registrar (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24, 1935

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

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

Peritonitis following false overzealous and supra-vaginal amputation of uterus
Date of onset 13981

Other contributory causes of importance: Multiple distended uterus + bilateral chronic tub-ovariitis

No malignancy. I do not know if successful or not

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) R.D. Steeler _____, M. D.
Moberly Mo

SUBMITTED

JUN 15 1935

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