

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.

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

Do not use this space.

MAY 19 1936

15507

1. PLACE OF DEATH

County *Franklin* Registration District No. *399*
Township *Low* Primary Registration District No. *1002*
City *Kansas City* (No. *117 W 34th*) St. _____ Ward _____

File No. _____
Registered No. *2229*

2. FULL NAME

Agnes Marie Louise Baird
(a) Residence, No. *117 W 34th* St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *1* yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 25 1863*

7. AGE YEARS *73* MONTHS *0* DAYS *4* If LESS than 1 day, _____ hrs. or _____ min.

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

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) *Ohio*

13. NAME *Leopold Horst*

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

15. MAIDEN NAME *Johanna Natto*

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

17. INFORMANT (ADDRESS) *Mrs Pauline Borjow 117 W 34th St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Hope* DATE *5-1* 1936

19. UNDERTAKER (ADDRESS) *Edwards Bros 1416 Main St. R.P. 715*

20. FILED *4/27 1936 M. M. Grove* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 29 1936*

22. I HEREBY CERTIFY, That I attended deceased from *4/18 1936* to *4/29 1936*
I last saw her alive on *4/28 1936* Death is said to have occurred on the date stated above, at *8:30* m.

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

Bronchial Pneumonia Date of onset *4/27/36*
82201

Other contributory causes of importance: *Cerebral Hemorrhage*

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) *D. R. Russell*, M. D.
(Address) *3271 E-11 St.*

