

JUL 16 1936

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

Do not use this space.

21903

1. PLACE OF DEATH

County BanyRegistration District No. 29

File No.

Township CassvillePrimary Registration District No. 4021Registered No. 42City Cassville (No.)

Ward.

2. FULL NAME

(a) Residence, No. Cassville St. Miss Ward. Length of residence in city or town where death occurred 7 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 (widowed)5A. IF MARRIED, WIDOWED, OR DIVORCED
Widowed
(OR) WIFE OF Henry L. Baird6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8/18687. AGE YEARS 67 MONTHS 7 DAYS 12 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) Ohio13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. E. Nolan (ADDRESS) Cassville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville, Mo. DATE 10-22-193619. UNDERTAKER Wm. M. Schyer (ADDRESS) Cassville, Mo.20. FILED 7-10 1936 Geo. W. Newman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/20 193622. I HEREBY CERTIFY, That I attended deceased from June 29 1936 to June 20 1936Last saw him alive on June 20 1936 Death is saidto have occurred on the date stated above, at 7 m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance

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

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) Wm. M. Schyer M. D.(Address) Cassville, 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.

