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.

50M-W-22-38 I X9314

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

MAY 15 1937

Do not use this space.

15480

1. PLACE OF DEATH.

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 3929 Baltimore St. Ward)

2. FULL NAME Albert Baird

(a) Residence, No. 3929 Baltimore 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

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

7. AGE: 83 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Unknown

FATHER

13. NAME: Unknown

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): John Baird, 3929 Baltimore

18. BURIAL, CREMATION, OR REMOVAL — PLACE Memorial Park — DATE 5-1-37, 19

19. UNDERTAKER (ADDRESS): QUIRK AND TOBIN, 20 W. Linwood

20. FILED Apr 30, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/9/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, to ....., 19

I last saw h.... alive on 11:30 p, 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:

Carbolic Acid Poisoning — Date of onset

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Other contributory causes of importance:

No

Name of operation ..... Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

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

Accident, suicide, or homicide? Suicide Date of injury 4/10/37, 19

Where did injury occur? 3929 Baltimore Kew (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Drank Carbolic Acid

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Kew

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