

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

Do not use this space.

MAY 18 1937

15871

1. PLACE OF DEATH

County Caldwell
Township Grant
City Polo (No. _____) St. _____ Ward _____

Registration District No. 99
Primary Registration District No. 4061

File No. _____
Registered No. _____

2. FULL NAME

Lula Estella Baird

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (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 (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF M. W. Baird

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 8 21

8. Trade, profession, or particular kind of work done, as spinner, 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) Ray Co. Mo

FATHER 13. NAME Isaac Harnig

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

MOTHER 15. MAIDEN NAME Delila Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) Harold Baird

18. BURIAL, CREMATION, OR REMOVAL PLACE Prairie Ridge DATE 4-14-37

19. UNDERTAKER (ADDRESS) Alexander & Cowley Polo Mo

20. FILED May 8 1937 Mrs Wylie Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1937 to April 14 1937

I last saw him alive on April 14 1937 Death is said to have occurred on the date stated above, at 10:15 P. m.

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

Cerebral thrombosis (arteriosclerotic) Date of onset Apr 10, 1937
Generalized arteriosclerosis
Chronic myocarditis (arteriosclerotic) years ago

Other contributory causes of importance: Chronic cholecystitis with cholelithiasis 20 years

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____

(Signed) H. E. Goldberg M. D.
(Address) Polo, 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.

