

AUG 27 1937

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

Do not use this space.

28050

109

1. PLACE OF DEATH

County *Johnson*

Registration District No. *665*

Township *Washington*

Primary Registration District No. *3232*

City *Bedford*

(No. *Bathwell Hosp.*)

File No. *205*

Registered No. *668*

St. *1* Ward

2. FULL NAME

*Minnie B. Baird*

(a) Residence, No. *1*

St. *1*

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

*female*

4. COLOR OR RACE

*white*

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

*single*

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

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

*Dec. 26-1879*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*57*

*6*

*8*

OCCUPATION

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

*Farm woman*

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)

*Tenn*

MOTHER FATHER

13. NAME

*Rubin Beard*

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

*Tenn*

15. MAIDEN NAME

*Jerusha Swaltney*

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

*Tenn*

17. INFORMANT (ADDRESS)

*Walter Baird*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

*First Mort.*

DATE

*July 6 1937*

19. UNDERTAKER (ADDRESS)

*C. L. Smith*

20. FILED

*7-5-*

*1937*

*Jeau Clark*

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

*July 4 1937*

22. HEREBY CERTIFY, That I attended deceased from

*July 4 1937, to July 4 1937*

I last saw him alive on *July 4 1937* Death is said to have occurred on the date stated above, at *6 P. M.*

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

*Shock, following a myocardial infarction for a long time, and malignant tumor of*

Other contributory causes of importance:

Name of operation *autopsy* Date of *July 4*

What test confirmed diagnosis? *operated* 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 *no*

(Signed) *W. H. Smith* M. D.

(Address) *Mo*

