

REC'D SEP 23 1938

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

29170

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township _____ Primary Registration District No. 2020 Registered No. _____
(c) City Carthage (d) Street No. 111 S. McGregor St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 73 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amanda Jane Baird 637

(a) Residence, No. 111 S. McGregor St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) August 27, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 0 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) Decatur
(STATE OR COUNTRY) Illinois

FATHER 13. NAME James Baird
14. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Catherine Prinz
16. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

17. INFORMANT Mrs. Retha Tabler
(ADDRESS) 111 S. McGregor St., Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Aug. 31, 1938

19. FUNERAL DIRECTOR Ulmer Funeral Home
(ADDRESS) Carthage, Missouri

20. FILED Aug. 30, 1938 E. J. McEntire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1938 to Aug 29, 1938
I last saw her alive on Aug 27, 1938. Death is said to have occurred on the date stated above, at 10:30 a. m.

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

senility Date of onset _____
Chr. Nephritis ?
Hypertension ?
Other contributory causes of importance: atrophic arteritis ?

Name of operation none Date of _____
What test confirmed diagnosis? physical 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) George H. Wood, M. D.
(Address) Carthage, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-7

Date Filed to 9/19/38

STATEMENT BY LICENSED EMBALMER

I, Edwin, Licensed Embalmer No. 722

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Edwin

Licensed Embalmer No. 722

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)