

REC'D NOV 1 1938

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

34496
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City K. C. Mo. (d) Street No. 6428 Jefferson 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3832

2. PRINT FULL NAME

621 Mrs. Ella Hale Baird
(a) Residence, No. 6428 Jefferson St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles H. Baird</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 7, 1861</u>			
7. AGE	YEARS <u>76</u>	MONTHS <u>10</u>	DAYS <u>24</u>
			IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>		
	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) (STATE OR COUNTRY) <u>Scotland</u> <u>U</u>			
FATHER	13. NAME <u>Wm. Hale</u> <u>U</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u> <u>U</u>		
MOTHER	15. MAIDEN NAME <u>No Record</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>		

17. INFORMANT (ADDRESS) <u>Chas. H. Baird</u> <u>6428 Jefferson</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u>	DATE <u>Oct. 3, 1938</u>
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>John W. Wagner</u> <u>Kansas City, Mo.</u>	
20. FILED <u>Oct 3 1938</u>	<u>M. M. Crowe</u> Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1938 to Oct 1 1938
I last saw h. et alive on Oct 1 1938 Death is said to have occurred on the date stated above, at 2:30 pm
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Right Date of onset 7-23
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Other contributory causes of importance:
arterial Sclerosis - accompanying some nephritis, chronic

Name of operation None Date of _____
What test confirmed diagnosis? clinical 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) Andrew C. Kuss M. D.
361 (Address) 1108 Kralco

3206 Summit

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.