

FILED MAR 11 1940

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

6927

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper / Registration District No. 408
 (b) Township _____ Primary Registration District No. 3020 Registered No. 33
 (c) City Carthage, Mo. / (d) Street No. McCune-Brooks Hospital 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 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Matthew Baird

(a) Residence, No. Route #3, Carthage 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel McCall Baird
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 2 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 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) Williamsburg /
 (STATE OR COUNTRY) Ky.

FATHER 13. NAME David Baird

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

MOTHER 15. MAIDEN NAME Mary Ryan

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

17. INFORMANT Foster Baird,
 (ADDRESS) Route #3, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Park Cemetery DATE 2/8/40 19

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home
 (ADDRESS) 1208 Garrison, Carthage, Mo

20. FILED Feb. 7, 1940 E. J. McEntire, M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1940.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1940, to Feb. 6, 1940
 I last saw him alive on Feb. 6, 1940 Death is said to have occurred on the date stated above, at 4:55 P. M.

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

Diabetes mellitus

Date of onset

Autopsy

Other contributory causes of importance:

Diabetic gangrene, left foot with extensive secondary cellulitis Autopsy Jan. 1, 1940

Name of operation _____ 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) Russell S. Harris, M. D.

(Address) Carthage, Missouri

RECEIVED

District Health Officer No. 6,

District File Number 340-764

Date Filed MAR 9 1940

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 Ed Muller

Licensed Embalmer No. 22252

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.