

MAY 9 1941

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

14109  
Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 118  
(b) Township Adair Primary Registration District No. 5169 Registered No. 11  
(c) City Climate Springs (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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.

2. PRINT FULL NAME

(a) Residence, No. Climate Springs Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, give county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 71 4. COLOR OR RACE W. 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) 1-12-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 2 8

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. House Super  
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) Boonville, Cooper Co

FATHER  
13. NAME Alexander C. Baird  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Cooper Co, Mo

MOTHER  
15. MAIDEN NAME Annie Wilson Redmond  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) state, Ky

17. INFORMANT (ADDRESS) Florence Bates

18. BURIAL, CREMATION, OR REMOVAL PLACE Country Graved DATE 3-21-1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) neighbor 113

20. FILED 4-29-1941 Mary M Winslow Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20-1941

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1941, to March 19, 1941. I last saw her alive on March 19, 1941. Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Carcinoma of Liver  
468

Date of onset 40

Other contributory causes of importance:

Name of operation None Date of no  
What test confirmed diagnosis Thy. signs 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 none  
(Signed) E. J. Clifton, M.D. M. D.  
Camden, Mo (Address)

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.

RECEIVED

District Health Officer No. 7,

District No. 5-41-770

Date Filed 5-6-41

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**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.**