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

Do not use this space 40150

FILED JAN -4 1943

1. PLACE OF DEATH
County BATES Registration District No. 23 File No. 1
Township HOWARD Primary Registration District No. 5057 Registered No.
City HUME (No. , St. , Ward)

2. FULL NAME ELIZABETH BAIRD

(a) Residence, No. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26-1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	76	6	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) ZANESVILLE
(STATE OR COUNTRY) OHIO

FATHER
13. NAME John BAIRD
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) ✓
(STATE OR COUNTRY)

17. INFORMANT J E Mort
(ADDRESS) Hume Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE HUME Cmetery DATE 12/23 1942

19. UNDERTAKER P. W. McConnell Son
(ADDRESS) Hume Mo

20. FILED 12/28, 1942 Lucy M. Coleman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 21, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1942 to Dec 21, 1942
I last saw her alive on Dec 21, 1942 Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Coma	1941

Other contributory causes of importance: Hbp

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?
If so, specify
(Signed) Wm H. Allen, M. D.
(Address) Hume

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD