

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

Do not use this space.

JAN 11 1935

1800

**1. PLACE OF DEATH**

County..... Johnson, Registration District No. H 26  
Township..... Chilhowee Primary Registration District No. H 253  
City..... Chilhowee (No. ....) St. .... Ward)

File No. ....  
Registered No. 1  
St. .... Ward)

**2. FULL NAME** Marrison Robert 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. 5 How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White,</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married,</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dolly Mae Baird,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29, 1897</u>		
7. AGE	YEARS	MONTHS
	<u>37</u>	<u>5</u>
		DAYS
		<u>3</u>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <u>Invalid for</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .... <u>6 years.</u>	
	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>CenterView, Mo.</u>		
FATHER	13. NAME <u>Henry Baird,</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mandy Cox</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mr. Henry Baird, Chilhowee, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Windsor, Mo.</u> DATE <u>Jan 4</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>R.A. Brauninger, Leeton, Mo</u>		
20. FILED <u>Jan 5</u> 19 <u>35</u> <u>J.H. Beatty</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1st. 1935,

22. I HEREBY CERTIFY, That I attended deceased from Dec 36 1934 to Jan 1 1935

I last saw him alive on Dec 1 1935 Death is said to have occurred on the date stated above, at 3:40 A.M.

The principal cause of death and related causes of importance were as follows:  
Arterio-sclerosis Date of onset

Other contributory causes of importance:  
Arterio-sclerosis from chronic kidney disease received in cold mine

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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.  
Cold mine  
Manner of injury slipped spike  
Nature of injury Cut in leg

24. Was disease or injury in any way related to occupation of deceased? yes  
If so, specify Cold mine

(Signed) J.H. Beatty M. D.  
(Address) Chilhowee, Mo

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.

