

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

Do not use this space.

32490

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1012B**
 City **St. Louis** (No. **3400**, **Vista**) St. _____ Ward _____

File No. _____
 Registered No. **9292**

2. FULL NAME

Emma L Baird
 (a) Residence, No. **3400 Vista** St. **18** Ward _____
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 15, 1858**

7. AGE YEARS **73** MONTHS **20** DAYS **17** If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at Home**
 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) (STATE OR COUNTRY) **St. Louis Mo**

MOTHER FATHER 13. NAME **James Baird**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Anna Mc Cormell**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Prayton L Vestine**
 (ADDRESS) **3400 Vista**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Sept 5 1931**

19. UNDERTAKER **A. Knorr & Co**
 (ADDRESS) **2707 M. Grand Blvd**

20. FILED **P-3** 19**31** **Mar C. Stanley**
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 2 1931**

22. I HEREBY CERTIFY, That I attended deceased from **June 10 1930 to Sept 2 1931**
 I last saw her alive on **Sept 2 1931**. Death is said to have occurred on the date stated above, at **10:00 P.M.**
 The principal cause of death and related causes of importance were as follows:
108

Date of onset _____
162
Duane Lublar
Physician
 Other contributory causes of importance:
Severe Debility

Name of operation _____ Date of _____
 What test confirmed diagnosis? **usual** 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.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) **James Baird** M. D.
 (Address) **3924 West Grand**

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

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.

