

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

Do not use this space.

JAN 1 9 1935

File No. 44116
Registered No. 143
St. _____ Ward _____

1. PLACE OF DEATH
89 County Ray Registration District No. 744
6 Township Richmond Primary Registration District No. 3035
4 City Richmond (No. _____) St. _____ Ward _____

2. FULL NAME Margie 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 Fe. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	0	0	6	

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1934, to Dec. 16, 1934

I last saw her alive on Dec. 16, 1934. Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:
Malnutrition Date of onset _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond MO

13. NAME Leora Baird

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Izora Gibbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Ray Baird
(ADDRESS) Richmond MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond MO DATE 12/17/34

19. UNDERTAKER C. M. Goin
(ADDRESS) Richmond MO

20. FILED 1-9, 1935 E. E. Gay Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? P.C. 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) W. J. Griffith, M. D.
(Address) Richmond 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.

