

1939 MAR 16 1939

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

Do not use this space.

6132

1. PLACE OF DEATH

17 County Carroll Registration District No. 135
 3 Township Carrollton Primary Registration District No. 3010
 City Carrollton (No. Stanton Clinic) St. Ward

File No.
 Registered No. 246

2. FULL NAME Infant not named

(a) Residence, No. St. Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or min.

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) Carrollton Mo
 (STATE OR COUNTRY)

13. NAME William Edward Baird

14. BIRTHPLACE (CITY OR TOWN) Boyard, O
 (STATE OR COUNTRY)

15. MAIDEN NAME Mabel Beatrice French

16. BIRTHPLACE (CITY OR TOWN) Carroll County, O
 (STATE OR COUNTRY)

17. INFORMANT Dr. Stanton
 (ADDRESS) Carrollton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Colome Cemetery DATE 2/20 1939

19. UNDERTAKER Clifford W. Austin
 (ADDRESS) Carrollton, Mo

20. FILED 2-20 1939 Guth Haskins 130 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1939, to Feb 19 1939
 I last saw h.l.m. alive on Feb 19 1939. Death is said to have occurred on the date stated above, at 5:30 m.
 The principal cause of death and related causes of importance were as follows:

Intens

Date of onset

Other contributory causes of importance:

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.

Manner of injury
 Nature of injury

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

(Signed) R. Stanton M.D. (Address) Carrollton, 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.

RECEIVED

District Health Officer No. 8,

District File Number

3/19/39

Date Filed