LOCAL REGISTRAS'S RECORD—DO NOT TEAR LEAF OUT

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

8122

PLACE OF DEATH
County: Lawrence — Registration District No.: 469 — File No.:
Township: Lawrence — Primary Registration District No.: 4262 — Registered No.: 51
City: Miller (No. ..., ... St. ... Ward)

FULL NAME: Mrs Iva V. Baldwin

(a) Residence. No. ... St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widow

6. MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Wm Baldwin

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 19, 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	4	22	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Lawrence Co, Mo.

10. NAME OF FATHER Phillip Baldwin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR ~~COUNTRY~~) Penn.

12. MAIDEN NAME OF MOTHER Estill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) N. Missouri

14. INFORMANT H. C. Baldwin
(Address) Wadesville, Mo.

Filed Mar 10 1924 W. S. Burney Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10 1924

17. I HEREBY CERTIFY, That I attended deceased from ... Feb ..., 19..., to ..., 19...
that I last saw h... alive on Doctor ..., 19..., and that death occurred, on the date stated above, at 11:35 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Some form of Heart disease
Died suddenly before M.E.
Had not been well for
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ...
(Duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED ...
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? ...

(Signed) W. S. Burney, M. D
Mar 11, 1924 (Address) Miller Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Davis Cem — DATE OF BURIAL: 3-12 1924

20. UNDERTAKER: J W Morris — ADDRESS: Miller Mo

V. S. No. 2.

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.

MARGIN RESERVED FOR BINDING

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

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

V. S. No. 2.

MARGIN RESERVED FOR BINDING

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

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

1. PLACE OF DEATH

County Laurence ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City ..... (No. ....., ... St. .....

2. FULL NAME .....

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14.
INFORMANT .....
(Address)

15.
FILED ....., 19..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

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I HEREBY CERTIFY, That I attended deceased from .....
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death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....

.....

.....

..... (duration) ..... yrs. ..... mos.

CONTRIBUTORY .....
(SECONDARY)

..... (duration) ..... yrs. ..... mos.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

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(Signed) .....

, 19 (Address)

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20. UNDERTAKER | ADDRESS