

**MISSOURI STATEBOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

8928

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 1100  
Township K.A.W. Primary Registration District No. 1002 Registered No. 1100  
City Kansas City, Mo. (No. ROBERT LEE HOTEL) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

RICHELIEU BALDWIN

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. PITTSBURG, KAS.  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN. 1, 1868.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>60</u>	<u>2</u>	<u>10</u>	<u>10</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work LUMBER BUSINESS  
(b) General nature of industry, business, or establishment in which employed (or employer) LIBERAL, MO.  
(c) Name of employer BALDWIN LUMBER CO.

9. BIRTHPLACE (CITY OR TOWN) CONNEAUTVILLE,  
(STATE OR COUNTRY) NEW YORK

PARENTS

10. NAME OF FATHER G.W. BALDWIN  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) BURDETT  
(STATE OR COUNTRY) NEW YORK  
12. MAIDEN NAME OF MOTHER SARA SIMMS  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) NOTA PART  
(STATE OR COUNTRY) IRELAND

14. INFORMANT G.M. HUSSER  
(Address) Room 130-Hotel Baltimore,

15. FILED Mar 28 1928 K.C. Mo.  
REGISTRAR Coor

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar-6-1928 to Mar-11-1928, that I last saw him alive on Mar-10-11PM, 1928, and that death occurred, on the date stated above, at to 5 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Erysipelas - face & neck  
15 Erysipelas of eyelids  
98  
118 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 da.

CONTRIBUTORY (SECONDARY) Sepsis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH: no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS: Clinical signs  
(Signed) Herbert T. Faithell, M.D.

Mar-11-1928 (Address) 1125 Realto Bldg

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL LAMAR, MO. DATE OF BURIAL Mch. 14, 1928

20. UNDERTAKER FREEMAN Mortuary ADDRESS K.C. Mo.

M. 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.

PHYSICIANS and  
ON 12 1964

AGE should be stated EXACTLY  
ly supplied. Property classified

U. S. GOVERNMENT PRINTING OFFICE  
CAUSE OF DEATH

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township W. City Primary Registration District No. 1002 Registered No. 1100  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Richelieu Baldwin  
 (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED s  
(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.
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8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Primary disease  
 (b) General nature of industry, business, or establishment in which employed (or employer) Erysipelas infection thru nasal abrasion  
 (c) Name of employer & excoriations

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 - 1928  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Erysipelas - face & neck  
quadrant of eyelids  
Influenza with nasal excoriations  
 (duration) \_\_\_\_\_ yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Sepsis  
 (duration) \_\_\_\_\_ yrs. mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 210  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Herbert Tutthill M. D.  
 , 19\_\_\_\_ (Address) 1125 Rialto Bldg.

\*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.

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

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 Apr 28 19\_\_\_\_ M. M. Brown REGISTRAR  
Assn

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_ 19\_\_\_\_

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

INFORMATION should be carefully stated EXACTLY. PHYSICIAN should state exact statement of OCCUPATION as very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-8928