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.

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

Do not use this space.

27320

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 27320
Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]
City K. C. Mo. (No. 2518 Michigan St. Ward)

2. FULL NAME Fred Baldwin
(a) Residence. No. 2518 Michigan St. 4 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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8. 1877
7. AGE: Years 51 — Months 6 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Plasterer
(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) Kansas
PARENTS
10. NAME OF FATHER William Baldwin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kan
12. MAIDEN NAME OF MOTHER Maranda Mizzpine
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky
14. INFORMANT Maggie Baldwin (Address) 2518 Michigan
15. FILED 8-13 1928 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-11- 1928
17. I HEREBY CERTIFY, That I attended deceased from July 1 1928, to Aug 11 1928 that I last saw him alive on July 28 1928, and that death occurred, on the date stated above, at 12 30 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Disease of the Heart
90 A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 90 A
(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? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) [illegible], M. D.
8-13, 1928 (Address) 1512 N. [illegible]

*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: Woodlawn Cem. — DATE OF BURIAL: 8-15 1928
20. UNDERTAKER: Watkins Bros. — ADDRESS: 1729 Lydia

1877