

CT 26 1928

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

Do not use this space.

30309a

1. PLACE OF DEATH

County Holt  
Township Baylow  
City Baylow (No. ....) (Ward) .....

Registration District No. 372  
Primary Registration District No. 5513

File No. ....  
Registered No. 6021  
St. .... Ward) .....

2. FULL NAME

John L. Baldwin  
(a) Residence No. .... St. .... Ward. ....  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
83 9 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

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

PARENTS

10. NAME OF FATHER Dr. J. H. Wilson  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
12. MAIDEN NAME OF MOTHER Dr. J. H. Wilson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Jeddie Bennett  
(Address) Fardmore Mo.

15. 9-1-28 FILED 9-1-28 19 J. O. Leary REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 1 1928 to Sept 1 1928 (that I last saw him/her alive on Sept 1 1928, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diabetes

59 57 (duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

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 Urine Test & Physical

(Signed) D. Perry M. D.

Sept 1, 1928 (Address) Marion City 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Hope DATE OF BURIAL Sept 3 1928

20. UNDERTAKER Bell & Co ADDRESS Marion City

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.

Handwritten notes, possibly a list or index, located in the lower-left quadrant of the page. The text is written vertically and includes various characters and symbols, including what appears to be a date '1943' and some numbers.

Faint handwritten notes or markings located in the lower-right quadrant of the page. The text is mostly illegible due to fading and bleed-through.

