

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.

31208

1. PLACE OF DEATH

County Knox County
Township Plevna
City Plevna (No.)

Registration District No. 449

Primary Registration District No. 4263

File No.

Registered No.

St.

Ward

2. FULL NAME

Charley 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

Male

4. COLOR OR RACE

White

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

Married

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

Eva Baldwin

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

Dec. 2, 1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

77

10

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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Plevna Mo.

10. NAME OF FATHER

Charles Baldwin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Ruth A. Tully

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

Frank Baldwin

15.

FILED

Sept. 29, 1929
Frank Baldwin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 20th 1929

I HEREBY CERTIFY That I attended deceased from Sept 1st 1929 to Sept 20th 1929 that I last saw him alive on Sept 7th 1929, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93- Myocarditis (chronic)

137 (duration) 7 yrs. mos. ds.

CONTRIBUTOR (SECONDARY)

Enlarged Prostate

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed)

Scott Brown, M. D.

94

, 19 29 (Address)

Edina 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

DATE OF BURIAL

Buried

Sept. 4 1929

20. UNDERTAKER

ADDRESS

708 Brothers

Baldwin

