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

Do not use this space.

1812

1. PLACE OF DEATH

County Linn — Registration District No. 502 — File No.

Township — Primary Registration District No. 4305 — Registered No. 5

City Marceline B.B. Putman Memorial Hospital St. Ward)

2. FULL NAME Lillian A. Baldwin

(a) Residence. No. St., Ward. Mendon Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F.	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3rd 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	64	9	19	

8. OCCUPATION OF DECEASED Housekeeper

(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) Bethlehem
(STATE OR COUNTRY) Iowa.

PARENTS

10. NAME OF FATHER Joseph Barto

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

12. MAIDEN NAME OF MOTHER Mary Ann Case

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

14. INFORMANT Mrs Geo Shull
(Address) Mendon Mo

15. FILED 1/24 1930 Ola Putman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1930, to Jan 22, 19..., that I last saw her alive on Jan 22, 19..., and that death occurred, on the date stated above, at 4 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uraemia

132A

132B (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Mendon Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ola Putman, M. D

, 19 (Address) Marceline 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
Siloam Chapel	Jan. 24 1930
20. UNDERTAKER	**ADDRESS**
S. L. Leipard	Mendon Mo

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.