

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.

APR 23 1930

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

Do not use this space.

7745

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, Mo. (No. Noyes Baptist Hospital)

Registration District No. 85
Primary Registration District No. 1001

File No. 287
Registered No. 287 St. _____ Ward _____

2. FULL NAME

Henry Baldwin
(a) Residence, No. 901 1/2 W. Hyde Park, _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1852

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, _____ hrs. or _____ min.
77 5 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Prinzetter County, Virginia
(STATE OR COUNTRY)

10. NAME OF FATHER John H. Baldwin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Prinzetter County, Virginia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary E. Hills

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Prinzetter County, Virginia
(STATE OR COUNTRY)

14. INFORMANT Mrs. C. H. Baldwin
Address 901 1/2 Hyde Park

15. FILED 8 19 30
John G. [Signature] REGISTAR

MEDICAL CERTIFICATE OF DEATH

2 2 16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7, 1930
17.

I HEREBY CERTIFY, That I attended deceased from Mar 2, 1930 to Mar 7, 1930
that I last saw h. w. alive on Mar 7, 1930, and that death occurred, on the date stated above, at 12:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage Cerebral

B2A
97

(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY Arterio Sclerosis
(SECONDARY) several

(duration) 1 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? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) J. P. [Signature], M. D.

3/8, 1930 (Address) St. Joseph, 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. Auburn Cemetery DATE OF BURIAL March 10 1930

20. UNDERTAKER Ephean Funeral Home ADDRESS 1946 Calhoun

