

WRITE PRINTED, 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.

13566

1. PLACE OF DEATH

County Pettis
Township Adalia
City Adalia (No. _____)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 103
St. _____ Ward _____

2. FULL NAME

John Ward Baldwin

(a) Residence, No. 1619 East 5 St., 3 Ward.

Length of residence in city or town where death occurred 3 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27 / 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 9 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child at home
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Longwood Mo

10. NAME OF FATHER John Baldwin

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

12. MAIDEN NAME OF MOTHER Zelpha Bishop

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

14. INFORMANT (Address) Mrs Zelpha Baldwin Adalia Mo

15. FILED 4-12-30 J.S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1930

17. I HEREBY CERTIFY, That I attended deceased from April 9 1930, to April 10 1930
that I last saw him alive on April 10, 1930, and that death occurred, on the date stated above, at 8 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Laryngeal Diphtheria
10 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical symptoms
(Signed) W. H. Wheeler, M. D.

, 19 (Address) Adalia 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 Adalia Mo DATE OF BURIAL 4/10/30

20. UNDERTAKER McLaughlin Bros ADDRESS Adalia

