

SEP 26 1930

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

20318EX

## 1. PLACE OF DEATH

County PlatteRegistration District No. 696Township MayPrimary Registration District No. 5928City Lincoln (No. ....)

File No. ....

Registered No. 15

St. ....

Ward) ....

## 2. FULL NAME

(a) Residence, No. John Alfred Baldwin 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

Virginia A. Reed

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

March 17 - 1848

## 7. AGE

YEARS

82

MONTHS

3

DAYS

5

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

## 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)

Platte Co. Mo.

## 10. NAME OF FATHER

Martin Baldwin

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

## 12. MAIDEN NAME OF MOTHER

Clerisa Beckwith

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

don't know

## 14.

INFORMANT

(Address)

Mrs. Joe B. RollinsPlatte City, Mo.

## 15.

FILED....., 19.....

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

June 12, 1930

## 17.

HEREBY CERTIFY, That I attended deceased from

June 12, 1930, to June 12, 1930, that I last saw him alive on June 12, 1930, and that death occurred, on the date stated above, at 9:30 P. M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Perforating ulcer stomach1178

## 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

(Signed)

S. P. Ford

M. D.

, 19

(Address)

Parkville 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

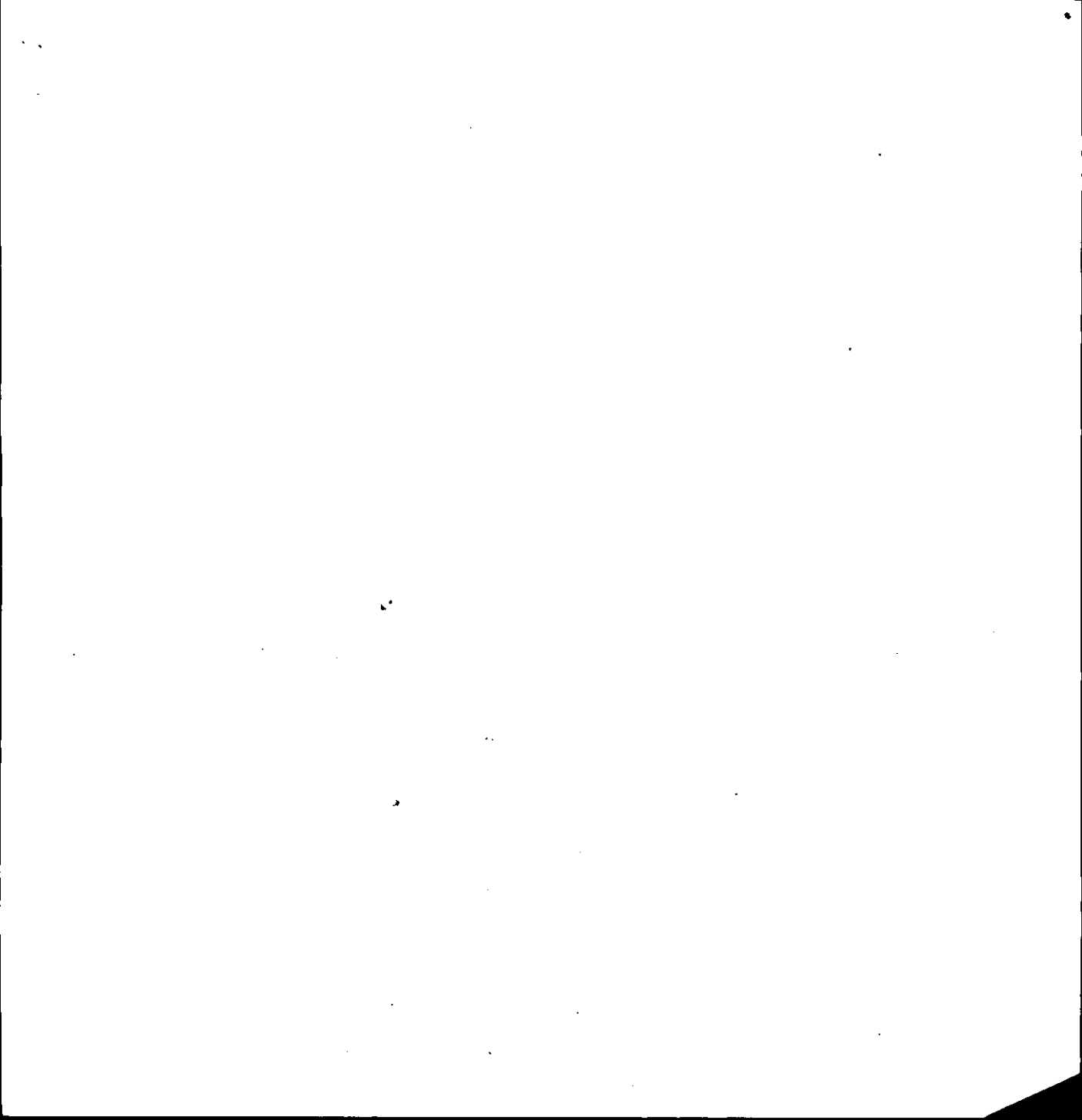
## DATE OF BURIAL

Parkville CemeteryJune 15 - 1930

## 20. UNDERTAKER

## ADDRESS

L. F. RollinsPlatte City, Mo



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

ALL INFORMATION CALLED  
 FOR MUST BE WRITTEN ON  
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County Platte Registration District No. 696 File No. ....  
 Township May Primary Registration District No. 5-928 Registered No. ....  
 City (No. ....) St. .... Ward)

2. FULL NAME John Alfred 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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>m</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
8. OCCUPATION OF DECEASED (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) (STATE OR COUNTRY)				
10. NAME OF FATHER				
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)				
12. MAIDEN NAME OF MOTHER				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)				

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>June 12 1930</u>
17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw him ..... since on ..... 19..... and that death occurred, on the date stated above, at ..... m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: ..... (duration) ..... yrs. .... mos. .... ds. CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. .... mos. .... ds. 18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH..... DID AN OPERATION PRECEDE DEATH?..... DATE OF..... WAS THERE AN AUTOPSY?..... WHAT TEST CONFIRMED DIAGNOSIS?..... (Signed)....., M. D. , 19 (Address)
*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.

14. INFORMANT (Address) .....	19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
15. FILED 19 <u>30</u> <u>May</u> <u>B. Knight</u> REGISTRAR	20. UNDERTAKER	ADDRESS

S-20318-3