

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.

Set 20 1930

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

Do not use this space.

27187

1. PLACE OF DEATH

County Lafayette
Township Highway
City (No.)

Registration District No. 464
Primary Registration District No. 3627

File No. 13
Registered No. 26
St. Ward

2. FULL NAME

Ora Franklin Baldus

(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>Male wh</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>8/2-30</u>		
7. AGE	YEARS	MONTHS
	<u>X</u>	<u>X</u>
		DAYS
		<u>2</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>X</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>X</u>		
(c) Name of employer <u> </u>		

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

PARENTS	10. NAME OF FATHER <u>Albert Baldus</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Mildred Owings</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>

14. INFORMANT Albert Baldus
(Address) Oak Grove, Mo

15. FILED 9/9 1930 R. H. Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 4, 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1930 to Aug. 4, 1930
that I last saw him alive on Aug. 4, 1930, and that death occurred, on the date stated above, at 7:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
1601
1606

CONTRIBUTORY (SECONDARY) Birth trauma
Normal delivery (duration) yrs. mos. ds. 12 hrs.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH Yes DATE OF Aug. 2/1930
WAS THERE AN AUTOPSY No (Mammal delivery)
WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) A. L. Lupton M. D.
8/4 (Address) Oak Grove 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

Oak Grove Mo 8/4 1930

20. UNDERTAKER

Z. O. Webb Oak Grove Mo

