

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

Do not use this space.

4921

1. PLACE OF DEATH

County Clay
Township Liberty
City (No.) St. Ward

Registration District No. 201
Primary Registration District No. 5280

File No.
Registered No. 24
St. Ward

2. FULL NAME

George Thomas Baldwin

(a) Residence, No. Chandler St. Ward.
(Usual place of abode) Mo.

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. (If nonresident, give city or town and State)

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 Anna M. Baldwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 - 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	61	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Suply County Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 214

10. Date deceased last worked at this occupation (month and year) July 31 11. Total time (years) spent in this occupation 1870

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

13. NAME George A. Baldwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

15. MAIDEN NAME Sarah H. Murphy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 2

17. INFORMANT Anna M. Baldwin (ADDRESS) Chandler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE Feb 21 31

19. UNDERTAKER Chandler (ADDRESS) Mo

20. FILED 3/10/31 19 W. H. Gordon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Feb 22, 1931

I last saw him alive on Feb 22, 1931. Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

Embolus in
Brain right
side.
820

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Burlon Malby, M. D.

(Address) Liberty Mo.

WRITE PLAINLY, 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.

24 1931

