

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

9693

1. PLACE OF DEATH

County Iron
Township Union
City Annapolis (No.)

Registration District No. 390
Primary Registration District No. 5845

File No.
Registered No. 4
St. Ward)

2. FULL NAME

(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 Female
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 Jesse Baldwin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 23-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 2³ 18²¹

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 23¹
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fredaricktown
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER George Baldwin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Madison Co. Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Samatha J. Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison Co. Missouri
(STATE OR COUNTRY)

14. INFORMANT Jesse Baldwin
(Address) Annapolis, Md.

15. FILED Mar 20 1931 B. B. Gunter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 1931

17. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19..... that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
(Found dead in home)
874 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) J. J. W. (duration) 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? Edward R. Bamhauer, M. D.
(Signed) Mar 12 1931 (Address) Bronton, Md., Crover

*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, Missouri DATE OF BURIAL March 1931

20. UNDERTAKER H. R. White ADDRESS 6 Cleveland, Annapolis.

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 1931

PARENTS

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