

MAY 25 1931

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

Do not use this space.

14723

1. PLACE OF DEATH

County Madison
Township Eldredge
City Madison (No. 101)

Registration District No. 101
Primary Registration District No. 3616

File No. 14723
Registered No. 14723
St. Madison Ward 1

2. FULL NAME

Harold Baldwin

(a) Residence. No. 101 St. Madison Ward 1
(Usual place of abode)
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 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) Jul 2-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 1 3

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) Des Moines
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER John Baldwin

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

12. MAIDEN NAME OF MOTHER Phyllis Waterman

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

14. INFORMANT Phyllis Waterman
(Address) Eldredge Mo.

15. FILED 4 15, 1931 Emma Byrd
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 2 1931 to Apr 5 1931
that I last saw him alive on Apr 4 1931, and that death occurred, on the date stated above, at 6 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pentecostal Abscess
115A
1150 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1
DID AN OPERATION PRECEDE DEATH? NO DATE OF 1
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examine
(Signed) E. J. O'Leary M. D.
19 (Address) Des Moines 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 Eldredge Mo. DATE OF BURIAL 4/6 1931

20. UNDERTAKER John ADDRESS Madison

