

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.

JUN 25 1931

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

Do not use this space.

17588

1. PLACE OF DEATH

County Franklin
Township.....
City Kennett (No., St. Ward)

Registration District No. 288
Primary Registration District No. 4712

File No.....
Registered No.....

2. FULL NAME Edward Young Baldwin

(a) Residence, No. St. Ward.

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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Co.
10. Date deceased last worked at this occupation (month and year) May 2, 1931 11. Total time (years) spent in this occupation. 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo.

FATHER 13. NAME Thomas Edward Baldwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, MO.

MOTHER 15. MAIDEN NAME Mary Rankey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Paul Baldwin (ADDRESS) Kennett, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennett, MO. DATE May 10, 1931

19. UNDERTAKER Baldwin Undert. Co. (ADDRESS) Kennett, MO.

20. FILED 5/10/31 Shepherd Ave Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1931, to May 9, 1931

I last saw him alive on May 9, 1931. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Uremic poisoning - from Chronic Nephritis

Date of onset 5/2/1931
3-12-36

1328 131
Other contributory causes of importance: (1)

Name of operation..... Date of.....
What test confirmed diagnosis? none Was there an autopsy? no

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) Paul Baldwin, M. D.
(Address) Kennett, MO

