

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

Do not use this space.

25947

1. PLACE OF DEATH

County Putnam
Township Lincoln
City Unionville (No.)

Registration District No. 721
Primary Registration District No. 5952

File No.
Registered No.
St. Ward)

2. FULL NAME

Cordehia Baldock

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

30

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-30-1931

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

2

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ms.

13. NAME Tom Baldock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ms.

15. MAIDEN NAME Helen Aitkens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ms.

17. INFORMANT Tom Baldock (ADDRESS) Unionville

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE July 2 1931

19. UNDERTAKER (ADDRESS) F. O. Hurst, Unionville

20. FILED Aug 9 1931 Hayes Barnett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1931

22. I HEREBY CERTIFY That I attended deceased ~~from~~ at birth 19....., to..... 19.....

I last saw her alive on June 30, 1931 Death is said to have occurred on the date stated above, at..... m.

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

Sudden death
Cause unknown
1931

Other contributory causes of importance:
1931

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?.....
If so, specify.....

(Signed) J. H. Mahan M. D.
(Address) Unionville, 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.

AUG 29 1931

12-1-19