

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway
Township Union
City Hopkins

Registration District No. 627
Primary Registration District No. 5-829

File No. 28982
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Baldwin</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 3rd, 1849</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>7</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Abraham Morehouse</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Adelaine Baldwin</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mass.</u> (STATE OR COUNTRY)

14. INFORMANT Bert Baldwin
(Address) Hopkins Mo.

15. FILED 8/25 1931 Mrs. Wilbur Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 24th 1931
17. I HEREBY CERTIFY, That I attended deceased from January 1, 1931, to 8/24, 1931 that I last saw h.b. alive on 8/12, 1931, and that death occurred, on the date stated above, at 7:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis of the aged
11/2 (duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 83 (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 clinical
(Signed) W. H. M. D.
8/24, 1931 (Address) Hopkins 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 <u>Hopkins</u>	DATE OF BURIAL <u>8-26 1931</u>
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20. UNDERTAKER <u>Price Furniture Co.</u>	ADDRESS <u>Maryville</u>
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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.

SEP 24 1931

