

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

Do not use this space.

29043

1. PLACE OF DEATH

County Pettis
Township La Monte
City La Monte (No. 5888)

Registration District No. 667
Primary Registration District No. 4706

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Minnie Lee Baldwin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1886
7. AGE YEARS 75 MONTHS 2 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1931 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marysville Kentucky

13. NAME Robert L. Baldwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Sallie E. Metcalf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) R. L. Baldwin
16 E. 6th St. Terre Haute, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Presbyterian DATE Aug 10, 1931

19. UNDERTAKER (ADDRESS) W. E. Walger
Houston, Tex.

20. FILED Aug 9, 1931 B. F. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1931, to Aug 8, 1931
I last saw him alive on Aug 7, 1931 Death is said to have occurred on the date stated above at 4:45 m. P.
The principal cause of death and related causes of importance were as follows:

Carcinoma Bladder
51B

Other contributory causes of importance: 51B

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Exam 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) W. E. Walger M. D.
(Address) La Monte Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 25 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

12

12

12

12

12

12

12

12

12

12

12

12

12