

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.

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

Do not use this space.

1. PLACE OF DEATH

12 County Buller
Township Josh Hill
City Josh Hill (No. 110)

Registration District No. 925
Primary Registration District No. 513EE

File No. 3893
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Josh Hill 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 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 Mary Jane Baldridge
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1866
7. AGE YEARS 65 MONTHS 9 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 65

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

MOTHER 13. NAME William Henry Baldridge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Weekly Co. Tenn.

MOTHER 15. MAIDEN NAME Mary Elizabeth Gained
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Weekly Co. Tenn.

17. INFORMANT (ADDRESS) J. P. Hopkins, Josh Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Walrus Cem. DATE 2-11-32 1932

19. UNDERTAKER (ADDRESS) Wm. Masson Josh Hill

20. FILED Mar. 15, 19 32 Floza Parker Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 - 1931 to Jan 20, 1932
I last saw him alive on Jan 20, 1932 Death is said to have occurred on the date stated above, at HP. m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
456
53 carcinomatosis
456
Other contributory causes of importance: Carcinoma mouth 1930

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? no
If so, specify _____
(Signed) J. P. Kuehert M. D.
(Address) Peppan Bluff, Mo

