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

Do not use this space.
16508

1. PLACE OF DEATH
49 County: Jasper
Township: Mineral
City: (No. , St. Ward)

Registration District No. 412
Primary Registration District No. 5559B

File No. 2
Registered No. 4

2. FULL NAME: Emma May Baldwin
(a) Residence, No. Alba Mo R#1 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 23 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Orron L. Baldwin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 2-1866
7. AGE: Years 66 Months 1 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Douglass Co. Del

FATHER
13. NAME: Anthony Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

MOTHER
15. MAIDEN NAME: Barbra Stanbock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): A. L. Baldwin Alba Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Purcell Cemetery DATE: 5-6 1932
19. UNDERTAKER (ADDRESS): Wilmes-Wood Co. Carthage Mo
20. FILED: 5/6 1932 Charles E. Cafe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 4 1932
22. I HEREBY CERTIFY, That I attended deceased from Apr 26 1932 to May 3 1932
Last saw alive on May 1 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Lesion	
Bronchitis	
Acute Nephritis	
Pneumonia	
95B	
56E	

Other contributory causes of importance:

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. Jackson, M. D.
(Address) Carthage Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
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.
V. S. No. 2