

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 24 1932

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

Do not use this space.

22654

1. PLACE OF DEATH

County Howard
Township Franklin
City (No.)

Registration District No. 380
Primary Registration District No. 5530

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME Mary Mae Baldwin

(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 (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-19-1930</u>		
7. AGE YEARS <u>2</u>	MONTHS <u>6</u>	DAYS <u>12</u>
If LESS than 1 day, _____ hrs. or _____ min.		

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

12. BIRTHPLACE (CITY OR TOWN) Howard Mo.
(STATE OR COUNTRY)

FATHER
13. NAME L. B. Baldwin
14. BIRTHPLACE (CITY OR TOWN) Boone Mo.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mattie Smith
16. BIRTHPLACE (CITY OR TOWN) Howard Mo.
(STATE OR COUNTRY)

17. INFORMANT L. B. Baldwin
(ADDRESS) New Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walsh Spring DATE 8/1 1932

19. UNDERTAKER L. B. Duncan
(ADDRESS) New Franklin, Mo.

20. FILED 8-4- 1932
J. B. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1932

22. I HEREBY CERTIFY That I attended deceased from July 30 1932 to July 30 1932
I last saw h. alive on July 30 1932 Death is said to have occurred on the date stated above, at 8:30 pm.
The principal cause of death and related causes of importance were as follows:

Cholera Infantum Date of onset July 29-30
1208 / 1200

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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? _____
If so, specify _____
(Signed) L. B. Chamberlain M. D.
(Address) New Franklin Mo.

