

AUG 29 1932

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

Do not use this space.

28162

1. PLACE OF DEATH

98 County Schuyler
Township Prairie
City (No. St. Ward)

Registration District No. 806
Primary Registration District No. 605-2

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. Jackson Douglas Baldwin 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22-1881

7. AGE YEARS 81 MONTHS 6 DAYS 12 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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler, Co. 1 Mo.

13. NAME Edison Baldwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 2

15. MAIDEN NAME Charity Barnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not know 31

17. INFORMANT (ADDRESS) Mrs. Alfred Berry Libonia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE L.O.O.F. Lancaster DATE Aug. 6, 1932

19. UNDERTAKER (ADDRESS) John A. Roberts Lancaster, Mo.

20. FILED 8/6/32 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased did not attend

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

Deceased was ill only 1 hr. before death. I was called, but did not see him until 1 hr. after he was death. Death apparent.

Other contributory causes of importance: by was caused from him the heart.

Name of operation none Date of operation _____

What test confirmed diagnosis? _____ 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 _____

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) Ida M. Nulton, M. D.

(Address) Lancaster, Mo.

