

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

Do not use this space.

1895
96

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Valley Park (No. _____)

Registration District No. 285
Primary Registration District No. 6031

File No. 41411
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Bella B. Baldwin

(a) Residence, No. Valley Park Mo. 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-8-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 6 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Mo 1

13. NAME Smith Baldwin

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

15. MAIDEN NAME Lusan Page

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 3

17. INFORMANT Mrs. G. O. Strons (ADDRESS) Valley Park Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 12-13 1932

19. UNDERTAKER Louis H. Bopp (ADDRESS) Valley Park Mo

20. FILED 12/12 1932 W. B. Barnett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1932, to 12-9, 1932

I last saw her alive on 12-9, 1932. Death is said to have occurred on the date stated above, at 12:00 m.

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

Broncho Pneumonia Date of onset 12-3-32

930
1070 1320

Other contributory causes of importance: Myocarditis

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 _____, 1932

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) F. P. Snobell, M. D.
(Address) Valley Park Mo

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.

REPRODUCED FROM THE MISSOURI STATE BOARD OF HEALTH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

