FEB 23 1933

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.

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1. PLACE OF DEATH

County ADAIR — Registration District No. 4 — File No.

Township — Primary Registration District No. 3001 — Registered No. 32

City KIRKSVILLE MO, (No. 424 W MO ST St. Ward)

2. FULL NAME FANNIE JANE BALDRIDGE

(a) Residence, No. 424 W 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: FE MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPT 10th 1906

7. AGE: YEARS 26 — MONTHS 4 — DAYS 00 19 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MILAND MO

FATHER

13. NAME: XWM JOHN ANDREW BALDRIDGE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

MOTHER

15. MAIDEN NAME: IVA SEWARD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

17. INFORMANT (ADDRESS): Ina Barnett KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL. PLACE: ELMER CEMETERY DATE: feb 2 1933

19. UNDERTAKER (ADDRESS): DAVIS & WILSON KIRKSVILLE MO

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 1926, to Jan 30, 1933

I last saw her alive on Jan 30, 1933. Death is said to have occurred on the date stated above, at 3:15 m.

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

Tuberculosis of lungs — Date of onset 1926

TBA

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Other contributory causes of importance: none

Name of operation none 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) John F Dodson, M. D.

(Address) Kirksville Mo