

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.

APR 22 1933

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

Do not use this space.

10263

1. PLACE OF DEATH

County Macon
Township Chanton
City (No.)

Registration District No. 5-29
Primary Registration District No. 5705

File No.
Registered No. St. Ward

2. FULL NAME

(a) Residence, No. Eli 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 25-1851</u>		
7. AGE	YEARS	MONTHS
<u>81</u>	<u>4</u>	<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>Farmer</u>		<u> </u>
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) (STATE OR COUNTRY) <u>Indiana</u>		
13. NAME <u>Joseph Baldwin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
15. MAIDEN NAME <u>Mary Heaton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT <u>Eldon Baldwin</u> (ADDRESS) <u>R 2 Excello mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pocahontas</u> DATE <u>Mar 7</u> 19 <u>33</u>		
19. UNDERTAKER <u>Albert Skinner</u> (ADDRESS) <u>Macon mo</u>		
20. FILED <u>Apr 10</u> 19 <u>33</u> <u>F. L. Triffner</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1933 to Mar 6, 1933

I last saw him alive on Mar 4, 1933 Death is said

to have occurred on the date stated above, at 109 m.

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

Arteriosclerosis

Date of onset

97

97

Other contributory causes of importance:

Senility

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. B. Stokes, M. D.

(Address) Excello mo

