

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 22 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19294

1. PLACE OF DEATH

29 County Dade
 Township Atterbury
 City Acacia, Mo. (No. _____)

Registration District No. 237
 Primary Registration District No. 6313

File No. _____
 Registered No. 43
 St. _____ Ward _____

2. FULL NAME

Samuel B. 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 Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1853
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
80 1 15

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) Dade Co. Mo.
 (STATE OR COUNTRY)

13. NAME J. C. Baldwin
 14. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

15. MAIDEN NAME Underwood
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Dick Bricker
 (ADDRESS) Acacia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hickory Grove DATE June 14, 1933

19. UNDERTAKER J. W. Ward
 (ADDRESS) Greenfield, Mo.

20. FILED 6/14, 1933 O. E. Ball
J. W. Ward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to June 13, 1933
 I last saw him alive on June 6, 1933. Death is said to have occurred on the date stated above, at 10:12 a.m.

The principal cause of death and related causes of importance were as follows:
Apoplexy Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) H. J. Cowan, M. D.
 (Address) Greenfield, Mo.

