

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

Do not use this space.

19428

1. PLACE OF DEATH

39 County Greene Registration District No. 315
Township _____ Primary Registration District No. 2001
City Springfield (No. _____ St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-22-1920</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>12</u>	<u>11</u>	<u>23</u>	
OCCUPATION	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) <u>Lawrence Co., Mo.</u>				
MOTHER	13. NAME <u>Bill Baldwin</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Co., Mo.</u>			
	15. MAIDEN NAME <u>Lizzie Jackson</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>				
17. INFORMANT <u>Mrs. Stella Baldwin</u> (ADDRESS) <u>4th Street Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cruck Cemetery</u> DATE <u>6-15-1933</u>				
19. UNDERTAKER <u>Mary L. Leiman</u> (ADDRESS) <u>W. Allen Mo.</u>				
20. FILED _____ 19 _____				

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-1933

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1933, to June 12, 1933
I last saw him alive on June 12, 1933 Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Left side Empyema fully May 1933
following influenza in
Dec, 1932

Other contributory causes of importance

Name of operation 0 Date of _____

What test confirmed diagnosis? medl 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) D. H. Jones M. D.
(Address) 4th Street Mo.

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.

JUN 22 1933

