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.

JUL 21 1933

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

Do not use this space.

19448

1. PLACE OF DEATH
County Greene — Registration District No. 3 8 — File No.
Township — Primary Registration District No. 2001 — Registered No. 467
City Springfield Mo (No. St John's Hospital St. Ward)

2. FULL NAME William Elsworth Baldwin
(a) Residence, No. Ash Grove, 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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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) June 22 - 1920
7. AGE: YEARS 12 — MONTHS 11 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
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) Miller, Mo

FATHER
13. NAME Wm Baldwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co Mo

MOTHER
15. MAIDEN NAME Lizzie Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo

17. INFORMANT (ADDRESS) Mrs. Lizzie Baldwin Ash Grove Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Brick Church Lawrence Co. DATE 6-26- 1933
19. UNDERTAKER (ADDRESS) Morris, Lyman & Hayden Miller Mo
20. FILED 6-16 1933 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to June 14, 1933
I last saw him alive on June 12, 1933. Death is said to have occurred on the date stated above, at 2:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema (Ruptured into Lung)	March 1933

Other contributory causes of importance:
Supposed to follow Influenza in Dec. 1932.

Name of operation — Date of
What test confirmed diagnosis? Clinical — 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? No
If so, specify
(Signed) Dr Charles H Orr, M. D.
(Address) Ash Grove Mo