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

Do not use this space.

File No. 22098

Registered No.

1. PLACE OF DEATH
105 County Sullivan Registration District No. 852
5 Township Primary Registration District No. 4518
2 City Milan (No. ..... St. ..... Ward)

2. FULL NAME Thomas Jefferson Baldridge

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 20 '33

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF May Baldridge.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	7	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer (Retail)
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) June 1933
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Missouri

FATHER
13. NAME Elliott Leonard Baldridge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Missouri

MOTHER
15. MAIDEN NAME Virginia Eliz. Crane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. May Baldridge Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Elmwood Cem. DATE June 9, 1933

19. UNDERTAKER (ADDRESS) C. A. Schoene Milan, Mo.

20. FILED July 5, 1933 Maynard Coffel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1933

22. I HEREBY CERTIFY That I attended deceased from June 7, 1933, to June 7, 1933
Last saw h-m alive on June 7, 1933. Death is said to have occurred on the date stated above, at 9:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (cerebral hemorrhage)	June 7 1933

Other contributory causes of importance:
Hypertension.

Name of operation ..... Date of .....
What test confirmed diagnosis? B. P. 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? no
If so, specify .....
(Signed) J. S. Montgomery, M. D.
(Address) Milan, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD