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.

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

Do not use this space.

35636

1. PLACE OF DEATH
County Benton — Registration District No. 59 — File No.
Township Cole — Primary Registration District No. 5099 — Registered No. 38
City (No. St. Ward)

2. FULL NAME Robert Eugene Baldwin
(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. 10 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) 11-14-33
7. AGE YEARS MONTHS DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Stover Mo Rt 3

FATHER
13. NAME Information Refused
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

MOTHER
15. MAIDEN NAME Ruth Baldwin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stover Mo Rt 3

17. INFORMANT (ADDRESS) T. P. Baldwin Stover Mo Rt 3
18. BURIAL, CREMATION, OR REMOVAL PLACE Brushy Cemetery DATE 11-25 1933
19. UNDERTAKER (ADDRESS) Claude Rapp Stover Mo
20. FILED 12-1-1933 Harry Boy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23-1933
22. I HEREBY CERTIFY, That I attended deceased from 11-14-1933, to 11-23-1933
I last saw him alive on 11-14-1933 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:
Infant
Don't Know
200 B
Date of onset
Other contributory causes of importance:
Name of operation None Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) D. S. Reser M. D.
(Address) Cole Camp Mo