

1934  
 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.

C

1. PLACE OF DEATH  
 County Lawrence Registration District No. 469  
 Township Fair Grove Primary Registration District No. 563d  
 City Miller (No. 4292) St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 2. FULL NAME Henry Baldwin  
 (a) Residence, No. 2 Miller, 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. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Baldwin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-18-1864  
 7. AGE YEARS 69 MONTHS 11 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co.

FATHER 13. NAME Thomas Baldwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Margaret Edbanker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mr. Eugene Baldwin Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Davis Cem DATE 1-10-1934

19. UNDERTAKER (ADDRESS) Morgan & Liming Funeral Home Miller Mo.

20. FILED 3-10-1934 W. R. Brumby Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ a. m.

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

frayed body, suicidal by direct pistol shot, in heart

Other contributory causes of importance: proventriculitis

Name of operation 147 Date of \_\_\_\_\_

What test confirmed diagnosis? frayed body Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 1-9-1934

Where did injury occur? Miller, Mo. (Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury bullet penetrated heart

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_ (Signed) W. R. Brumby, M. D.  
 (Address) Miller Mo.

OCCUPATION, FATHER, MOTHER

OCCUPATION

FATHER

MOTHER

