NOV 14 1934

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

Do not use this space. 6

File No. 24154-S

Registered No. 248

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: — Primary Registration District No. 2001

City: Springfield (No. 1306 W Webster St. Ward)

2. FULL NAME William Henry Baldwin

(a) Residence, No. 1306 W. Webster St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Husband Fanny Myrtle Baldwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22, 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	30	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Roofer

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): July 7, 1934

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nevada Mo.

FATHER

13. NAME: John Blunt Baldwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co. Mo

MOTHER

15. MAIDEN NAME: Lucinda Biddle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cumberland Co. Ky.

17. INFORMANT (ADDRESS): John B. Baldwin Jr. N Weaver

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenlawn DATE: July 10, 1934

19. UNDERTAKER (ADDRESS): F. C. Thieme Springfield, Mo

20. FILED 7-10, 1934 R. W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/2, 1934 to 7/7, 1934, that I last saw him alive on 7/5, 1934. Death is said to have occurred on the date stated above, at 3:35 p.m.

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

	Date of onset
Fracture multiple Skull (Basal & Frontal)	

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/2, 1934
Where did injury occur? Roundhouse Yard M.P. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In industry
Manner of injury: Fell from roof while at work
Nature of injury: Skull fracture

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify: Occupational roof worker & fell from roof

(Signed) W. Barton, M.D.
(Address) Medical Staff 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

100M-11-24-33