AUG 10 1934

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

Do not use this space.

30354

File No. 301

Registered No. 668

1. PLACE OF DEATH
County Pettis Registration District No. 645
Township Sedalia Primary Registration District No. 3032
City (No. 409 No Mill St. Ward)

2. FULL NAME Walter Baldwin

(a) Residence, No. 409 No. Mill 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Ma	Col.	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 2-188 3

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51 yrs.	~~month~~ 7	26	

OCCUPATION

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

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) Kans.

FATHER

13. NAME Walter Bailiwm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) ~~409 No Mill St.~~ City Hospital #2 Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia, Mo. DATE 8/24 1934

19. UNDERTAKER T. D. Ferguson
(ADDRESS) Sedalia Mo.

20. FILED 8/23 1934 Jean Stock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18- 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-31- 1934, to 8-18- 1934

I last saw h.im alive on 8-15- 1934 Death is said to have occurred on the date stated above, at 10 a.m.

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

	Date of onset
46	
47	
(a) Carcinoma of Stomach	
(Duplicated portion)	

Other contributory causes of importance:

Myocarditis

Name of operation not any Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? Yes

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?
If so, specify

(Signed) C. R. Maddox, M. D.
(Address) 116 E. W. Main

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

1934-8-18
51-7-6
1883-1-12

1934-8-18
1883-1-12
51-7-06