

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

Do not use this space.

DEC 18 1934

**1. PLACE OF DEATH**

County Marion Registration District No. 549 File No. 40034  
 Township Massena Primary Registration District No. 3029 Registered No. 317  
 City Hannibal (No. 921, Church) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Isabelle Baldwin

(a) Residence, No. 921 Church St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 10, 1849</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>10</u>	DAYS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		
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) <u>Perry Indiana</u>		
13. NAME <u>Alexander Baldwin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York City New York</u>		
15. MAIDEN NAME <u>Nancy M. Cobb</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No data New York</u>		
17. INFORMANT <u>Mrs. Emma Wells Sister</u> (ADDRESS) <u>921 Church St. Hannibal, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Oliver</u> DATE <u>Nov. 4, 1934</u>		
19. UNDERTAKER <u>Wm. M. Smith</u> (ADDRESS) <u>1023 Broadway, Hannibal, Mo.</u>		
20. FILED <u>Nov 5, 1934</u> <u>R. K. Schatz</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1934 to Nov 2, 1934  
 I last saw her alive on Nov 1, 1934 Death is said to have occurred on the date stated above, at 5:50 a.m.  
 The principal cause of death and related causes of importance were as follows:

<u>Myocardial degeneration</u>	Date of onset
<u>930</u>	
<u>Nov 2</u>	

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) W. M. Smith M. D.  
 (Address) Hannibal Mo.

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.

