

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.

OCT 24 1935

29834

1. PLACE OF DEATH

County Jasper
Township _____
City Carthage (No. _____)

Registration District No. 408
Primary Registration District No. 3020

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 304 N 5th St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Baldridge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 4, 1864</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>1</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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>Henry County, Indiana</u>		
FATHER	13. NAME <u>William Robinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Mrs. J. Daniels</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown North Carolina</u>	
17. INFORMANT (ADDRESS) <u>James Baldridge, 304 N 5th St - Carthage, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mc Cook, Ill.</u> DATE <u>Sept 30, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Frederick Mortuary, Carthage, Missouri</u>		
20. FILED <u>Sept 30, 1935</u> <u>E. B. Clinton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1935, to Sept 27, 1935
I last saw h. alive on Sept 27, 1935. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
Date of onset _____

Other contributory causes of importance:
arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Chin. Lab. 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? No
If so, specify _____
(Signed) Royd Clinton, M. D.
(Address) Carthage, Mo.

