

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

Do not use this space.

FEB 19 1936

1. PLACE OF DEATH

County Laclede  
Township Linton  
City Linton (No. ....)

Registration District No. 449  
Primary Registration District No. 4267

File No. 1887  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Frank Baldwin

(a) Residence, No. .... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chie Morgan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18-1869  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
66 4 19

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

13. NAME Frank

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

15. MAIDEN NAME

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

17. INFORMANT Mr. Frank Baldwin (ADDRESS) Linton

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Linton DATE Jan 9-1936

19. UNDERTAKER Baldwin (ADDRESS) Linton

20. FILED 1-10-36 J. A. McCoub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7-1936

22. I HEREBY CERTIFY That I attended deceased from Jan 12-1936, to Jan 2-1936  
I last saw him alive on Jan 2-1936 Death is said to have occurred on the date stated above, at 4:15 P.m.  
The principal cause of death and related causes of importance were as follows:  
Valvular insufficiency  
Date of onset

Other contributory causes of importance: NO

Name of operation ..... Date of .....  
What test confirmed diagnosis? Phys. 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 .....  
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 Phys.  
(Signed) W. H. Smith, M. D.  
(Address) Linton, Mo.

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