

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

Do not use this space.

**APR 27 1936**

13762

**1. PLACE OF DEATH**

County Sullivan  
Township Buncaw  
City (No. ....) .....

Registration District No. 854  
Primary Registration District No. 6121

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

**2. FULL NAME**

Jeremiah 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>2</u>	<u>3</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.

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) Illinois

MOTHER FATHER 13. NAME Jonah P. Baldwin

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

15. MAIDEN NAME Catherine Blue

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

17. INFORMANT Charles Baldwin (ADDRESS) Buncaw, Mo.

18. BURIAL, CREMATION, OR REMOVAL Interred in Mt. Zion DATE Mar. 1936

19. UNDERTAKER C. A. Schwere (ADDRESS) Buncaw, Mo.

20. FILED Apr. 8, 1936 Cleo Hagan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ....., to ....., 19 .....

I last saw him alive on Mar. 5, 1936 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: apoplexy

Date of onset

Other contributory causes of importance: arterio sclerosis

Name of operation .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide .....

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) R. H. Becker (Address) Buncaw, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

THE UNIVERSITY OF CHICAGO  
LIBRARY

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960