

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

Do not use this space.

**APR 27 1936**

**1. PLACE OF DEATH**

County Sullivan  
Township Buncaw  
City Jeremiah Baldwin (No.         )

Registration District No. 854  
Primary Registration District No. 6121

File No. 13762  
Registered No.           
St.          Ward         

**2. FULL NAME**

(a) Residence, No. Jeremiah Baldwin 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Julia Baldwin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 2, 1862</u>		
7. AGE <u>74</u>	YEARS <u>2</u>	MONTHS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>R.R. Conductor</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired.</u>
10. Date deceased last worked at this occupation (month and year) <u>        </u>		11. Total time (years) spent in this occupation <u>        </u>

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from         , 1936, to         , 1936

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

Other contributory causes of importance arterio sclerosis

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         , 1936  
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) R. H. Becker (Address) Brown  
         (Address)         

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
13. NAME <u>Jonah P. Baldwin</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
15. MAIDEN NAME <u>Catherine Blue</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
17. INFORMANT <u>Charles Baldwin</u> (ADDRESS) <u>        </u>
18. BURIAL, CREMATION, OR REMOVAL <u>Interred in Mt. Pleasant, Mo.</u> DATE <u>Mar. 1936</u>
19. UNDERTAKER <u>C. A. Schwere</u> (ADDRESS) <u>        </u>
20. FILED <u>Apr 8 1936</u> <u>Cleo Hagan</u> Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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