

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.

OCT 21 1936

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

McNeil
Do not use this space.

35216

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township Sedalia Primary Registration District No. 3032
City Sedalia (No. Bothwell Hospital)

File No. 297
Registered No. 668
St. _____ Ward _____

2. FULL NAME George H. Baldwin

(a) Residence, No. 218 W. 4th St., _____ Ward.

(If nonresident, give city or town and State)

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.

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 Rebecca

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
69 11 25

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

FATHER
13. NAME Unknown Baldwin

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

MOTHER
15. MAIDEN NAME Lucinda Loving

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

17. INFORMANT Grace B. Melaven
(ADDRESS) Santa Fe, N. M.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lamonte, Mo. DATE 9/30/36, 1936

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED Sept 28, 1936 Jeau Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1936, to Sept. 27, 1936
I last saw him live on Sept. 27, 1936 Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

Heart-Entailitis

Date of onset
Sept. 10
1936

Other contributory causes of importance:

Chrom. myo. corditis
Paroxysm attacks

Alcho
Know

Name of operation none Date of none
What test confirmed diagnosis? Chrom. Was there an autopsy? No

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) Chas. M. Melaven, M. D.
(Address) Santa Fe, N. M.

