

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Platte
Township Camden
City Platte City (No. 1)

Registration District No. 696
Primary Registration District No. 4418

File No. 24620
Registered No. 21

2. FULL NAME

Virginia Alice Baldwin

(a) Residence, No.
(Usual place of abode)

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

James A. Baldwin

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

January 14, 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

78

11

15

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

at home

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)

Platte Co., Mo.

13. NAME

James A. Pearl

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

Mo.

15. MAIDEN NAME

Margaret M. Pearl

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

Mo.

17. INFORMANT (ADDRESS)

Mrs. J. B. Baldwin

18. BURIAL, CREMATION, OR REMOVAL

PLACE Prattville DATE 6-3-37

19. UNDERTAKER (ADDRESS)

J. B. Baldwin

20. FILED

July 5, 1937

Mrs. J. B. Baldwin

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 3, 1937

22. I HEREBY CERTIFY That I attended deceased from 4-10-37, 1937, to 6-3-37, 1937

I last saw him alive on 6-2-37, 1937. Death is said

to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Serious

Date of onset 6-1-37

Other contributory causes of importance: 1075

Name of operation none Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) Frank E. Dickerson, M. D.

(Address) Platte City, Mo.

