

OCT 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BARRYRegistration District No. 34

Township

Primary Registration District No. 6239City EXETER

(No.)

St.

Ward)

File No. 33572Registered No. 182. FULL NAME NICHOLAS BALDWIN

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

WHITE5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFSABRA BALDWIN6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 7 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

77220

day, ... hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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) Apr. 1 193711. Total time (years)
spent in this
occupation 6012. BIRTHPLACE (CITY OR TOWN) Sneedville, Tenn.
(STATE OR COUNTRY)13. NAME Alfred Baldwin14. BIRTHPLACE (CITY OR TOWN) Sneedville, Tenn
(STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Delph16. BIRTHPLACE (CITY OR TOWN) Sneedville, Tenn
(STATE OR COUNTRY)17. INFORMANT Mrs Sabra Baldwin
(ADDRESS) Exeter Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE MaplewoodDATE 9/39

1939

19. UNDERTAKER Barr & Blankenship
(ADDRESS) Exeter Mo.20. FILED Oct. 10 1937 Mrs. H. P. Seary
Registrar.

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

Sept. 27 1937

22. I HEREBY CERTIFY, That I attended deceased from

Aug1937, toSept1937I last saw him alive on Sept. 18, 1937. Death is saidto have occurred on the date stated above, at 11A m.

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

Chronic Nephritis

Date of onset

Other contributory causes of importance:

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

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)

Thos. H. Seary, M. D.

(Address)

Exeter Mo.

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

