

DEC 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

40581

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 35
 (b) Township Pleasant Ridge Primary Registration District No. 5043 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha Elizabeth Baldwin.

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Andrew Baldwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21-1859

7. AGE YEARS 25 MONTHS 80 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min. 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Clay County
 (STATE OR COUNTRY) Missouri.

13. NAME John Fields

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

15. MAIDEN NAME Catherine Coats.

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

17. INFORMANT Frank Baldwin
 (ADDRESS) Aurora Mo. R-2

18. BURIAL, CREMATION, OR REMOVAL PLACE Clay Hill Cem. DATE Dec. 3 1937

19. FUNERAL DIRECTOR King Funeral Home
 (ADDRESS) Aurora Mo.

20. FILED Dec 3 1937 Mrs. J. C. Parnell
 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1937 to Dec 1 1937

I last saw her alive on Nov 29 1937 Death is said to have occurred on the date stated above, at 1.15 P.M.

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

Senility

Date of onset

Other contributory causes of importance:

Chronic myocarditis

Name of operation _____ 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? no

If so, specify _____

(Signed) Edith Smith _____, M. D.

(Address) 121 N. Pleasant Aurora Mo

STATEMENT BY LICENSED EMBALMER

I, Not Embalmed., Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

..... Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)