DEC 28 1937

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

Do not use this space.

42326

1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No. 1

Township St. Francois — Primary Registration District No. 6018A — Registered No. 178

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Near ~~City Farmington, Mo.~~ (No. ..... St. ..... Ward)

2. FULL NAME Herman Baldridge

(a) Residence, No. Northcutt, Mo. St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1870 ? ?

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
99	67	?	?	

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

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

MOTHER

15. MAIDEN NAME

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

No history

17. INFORMANT (ADDRESS) State Hospital No. 4 Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hospital Cemetery DATE Nov. 2, 1937

19. UNDERTAKER (ADDRESS) Neidert Undertaking Co. Farmington, Mo.

20. FILED Nov. 1, 1937 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 4-16, 1935, to Nov 1, 1937

I last saw him alive on Nov 1, 1937 Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Chronic myocarditis of unknown origin, Resulting in rupture of left ventricle

Date of onset

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Other contributory causes of importance:

1. Generalized arteriosclerosis
2. Chronic cholecystitis

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical and Was there an autopsy? yes

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) P. S. Tate, M. D.

(Address) State Hosp. #4 Farmington Mo.

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.

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