

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

3598
 Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 625
 (b) Township Union Primary Registration District No. 2031 Registered No. 8
 (c) City Maryville Mo (d) Street No. St Francis Hospital 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 Bert Baldwin 435

(a) Residence, No. Nodaway County 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Delia Baldwin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
54 8 8
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 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) Nodaway County, Mo. (STATE OR COUNTRY)
 13. NAME Henry L. Baldwin
 14. BIRTHPLACE (CITY OR TOWN) Michigan (STATE OR COUNTRY)

15. MAIDEN NAME Axie Moorehouse
 16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

17. INFORMANT Mrs. Delia Baldwin (ADDRESS) Hopkins, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins, Mo. DATE Jan. 27 1938

19. FUNERAL DIRECTOR Price Funeral Home (ADDRESS) Maryville, Mo.

20. FILED Jan 27 1938 Marie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1938, to Jan 25 1938
 Last saw him alive on Jan 25 1938 Death is said to have occurred on the date stated above, at 7:20 P m.
 The principal cause of death and related causes of importance were as follows:

Laceration of scalp
Fracture of frontal bone
Several lacerations
 Date of onset
 Other contributory causes of importance: None

Name of operation None Date of None
 What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 1-22, 1938
 Where did injury occur? Hopkins Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
at home

Manner of injury Fracture of frontal bone
 Nature of injury Fracture of frontal bone

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify riding heavy wheel
 (Signed) W. M. Halli Jr, M. D.

556 (Address) Maryville Mo

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

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, John W. Price, Licensed Embalmer No. 3229

hereby certify that the body recorded on the reverse side of this certificate was embalmed by John W. Price.

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

John W. Price

Licensed Embalmer No. 3229

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