

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

Do not use this space.

2

4276

1. PLACE OF DEATH
 County Schuyler Registration District No. 804
 Township _____ Primary Registration District No. 6049
 City Greentop (No. _____ St. _____ Ward _____)

2. FULL NAME James Alexander Baldwin 434
 (a) Residence, No. Greentop Mo. St. _____ Ward _____
 (Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

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 Theodocia C. Caldwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-24-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 3 9

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

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) Montgomery, Missouri

MOTHER FATHER 13. NAME James Baldwin

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Theodocia C. Caldwell
 (ADDRESS) Greentop Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Coffey DATE 1-4-1938

19. UNDERTAKER Dee Riley Funeral Home
 (ADDRESS) Richwood Mo.

20. FILED Jan 3 1938 W. W. O'Farrell
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan., 2nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec., 12th 1937 to Jan., 2nd 1938
 I last saw him alive on Jan., 2nd 1938 Death is said to have occurred on the date stated above, at 1 P.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Broncho-Pneumonia 12-12-37.

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 _____ 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) J. Coffey / M. D.
 (Address) Queen City, 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH