

REC'D APR 8 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Waller
City Wheeler (No. 2)

Registration District No. 420
Primary Registration District No. 3022

File No. 11150
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. So. Main St 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>64</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

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) House Springs Mo

13. NAME Frank Baldwin

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

15. MAIDEN NAME Jane Yates

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

17. INFORMANT Geo Yeager
(ADDRESS) Trimmswick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Waller Chapel Cemetery DATE March 29, 1938

19. UNDERTAKER Veighting Funeral Home
(ADDRESS) Trimmswick Mo

20. FILED 47 1938 Jessie A. Donnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1938, to March 26, 1938

I last saw him alive on March 26, 1938. Death is said to have occurred on the date stated above, at 11 P. M.

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

Tetanus

Date of onset, 3/19/38

Other contributory causes of importance:

Gonorrhea (discharge) & fist & Diabetes

Name of operation None 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) Walter E. Gibson, M. D.

381 (Address) Wheeler, Mo

22

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

11150
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson

Registration District No. 420

(b) Township De Soto

Primary Registration District No. 3022

Registered No. _____

(c) City De Soto

(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 Ellen Baldwin

(a) Residence, No. _____ St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

W

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

S

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

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OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

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)
(STATE OR COUNTRY)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED _____, 19____

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from

19____ to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Tetanus infected
by a open surface
corrosive
(diphtheria) toes being
exposed to the earth.
Other contributory causes of importance: Ja

Date of onset

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) Walter E. Gibson, M. D.

(Address) De Soto Mo

