

REC'D APR 22 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County PlatteTownship MayCity Paris (No. 1)Registration District No. 696Primary Registration District No. 5928File No. 11813Registered No. 4St. Mo. Ward 4

## 2. FULL NAME

(a) Residence, No. Parisville R.F.D. 1 St. Mo. Ward 4

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 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)

FemaleWhiteWidowed

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

Wallard Baldwin

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

Jan-10-1860

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

78225

## 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

## FATHER

## MOTHER

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Parisville  
Missouri13. NAME Alonso Richardson

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

Missouri15. MAIDEN NAME Emma Summer

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

Mo.

## 17. INFORMANT

(ADDRESS)

Carmie Jenkins  
Parisville Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Line CreekDATE March 9 1938

## 19. UNDERTAKER

(ADDRESS)

Parisville Mo.

## 20. FILED

3-141938

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

3-7 1938

## 22. I HEREBY CERTIFY, That I attended deceased from

3 1938 to Mar. 7 1938I last saw him alive on Mar. 6 1938. Death is saidto have occurred on the date stated above, at 5-7 m.

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

Chronic nephritis

Date of onset

131

Other contributory causes of importance:

myocarditis

Name of operation

What test confirmed diagnosis? Aliment Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury

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) S. P. Ford M. D.(Address) Parisville 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.

1944

1. The first part of the report is a general statement of the purpose and scope of the study. It is followed by a brief review of the literature on the subject.

2. The second part of the report is a description of the methods used in the study. This includes a description of the subjects, the experimental design, and the data collection procedures.

3. The third part of the report is a presentation of the results of the study. This includes a description of the data, a summary of the findings, and a discussion of the implications of the results.

4. The fourth part of the report is a conclusion. This includes a summary of the main findings of the study and a statement of the author's conclusions.

5. The fifth part of the report is a list of references. This includes a list of all the sources used in the study.

6. The sixth part of the report is an appendix. This includes a list of all the data collected during the study.

7. The seventh part of the report is a list of figures. This includes a list of all the figures used in the study.

8. The eighth part of the report is a list of tables. This includes a list of all the tables used in the study.

9. The ninth part of the report is a list of footnotes. This includes a list of all the footnotes used in the study.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

11813

Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 696  
(b) Township May Primary Registration District No. 3928  
(c) City..... (d) Street No..... Registered No. 4  
(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

Elizabeth 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) wid

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.  
78 2 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as saw mill, bank, etc. lived in another home  
10. Date deceased last worked at this occupation (month and year) home 11. Total time (years) spent in this occupation

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

13. NAME

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

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 5-10 1938 Mrs Francis E Murray Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h..... 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:

Date of onset

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) S. P. Lord M. D.

(Address) Jackville

N. E.—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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

