

REC'D FEB 28 1939

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

Do not use this space.

4128

1. PLACE OF DEATH
County Sullivan
Township Clay

Registration District No. 853
Primary Registration District No. 6116

File No.
Registered No. 6 Ward

City 436 Sarah Elizabeth Baldridge (No.)
2. FULL NAME

(a) Residence, No. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-27-1840

7. AGE YEARS 98 MONTHS DAYS 29 If LESS than 1 day, hrs. or min.

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) Sullivan Co. Mo

13. NAME John Baldridge

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

15. MAIDEN NAME Nancy Yardley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo.

17. INFORMANT Mrs. Mary Mc Lanchan (ADDRESS) Newtown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bushy DATE Jan 29 1939

19. UNDERTAKER Judd and Payne (ADDRESS) Newtown

20. FILED Feb. 7 1939 Mrs. Ruth Tucker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/26 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/20 1838, to 1/26 1939

I last saw him alive on 1/22 1939. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Chronic Myocarditis Date of onset 1930

Other contributory causes of importance:

arteriosclerosis

Pericarditis

Name of operation Date of
What test confirmed diagnosis? physical exam on 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) W. W. Wise, M.D.
768 (Address) Sullivan, 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

District Health Officer No. 10

District File Number 10-39-237

Date Filed FEB 9 1939