

REC'D MAR 10 1939

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

Do not use this space.

6501

1. PLACE OF DEATH  
39 County Greene 2 Registration District No. 316 File No. 3  
Township 1 Primary Registration District No. 4191 Registered No. \_\_\_\_\_  
City Ash Grove (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward) \_\_\_\_\_  
2. FULL NAME James R. Baldwin  
(a) Residence, No. Ash Grove - 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 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Baldwin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/30/1857  
7. AGE YEARS 81 MONTHS 4 DAYS 16 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired laborer  
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) Laurie Co. Mo  
13. NAME Philip Baldwin  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss  
15. MAIDEN NAME Elizabeth Estell  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
17. INFORMANT Ms. Mary Baldwin  
(ADDRESS) Ash Grove Mo  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ways County DATE 2/17/1939  
19. UNDERTAKER Troglon - Maria - Linnar  
(ADDRESS) Ash Grove Mo  
20. FILED 2/17 1939 Ma Linnar Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 - 1939  
22. I HEREBY CERTIFY, That I attended deceased from 1937 to Feb 1939  
I last saw him alive on Feb 2 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:  
Uræmia  
from  
Prostatic obstruction  
Other contributory causes of importance: 137  
Name of operation none Date of no  
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) Charles H. McAffee, M. D.  
(Address) Ash Grove 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.

