

REC'D MAR 10 1939

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

7325  
Do not use this space.

## 1. PLACE OF DEATH

(a) County NEWTON Registration District No. 409  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4363 Registered No. 23  
 (c) City NEOSHO (d) Street No. \_\_\_\_\_  
 (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

436 HENRY GEORGE CLIFTON BALDRY  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 ROSAMOND BALDRY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 21, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
64 6 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BANKER  
 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) NEW YORK CITY 1  
 (STATE OR COUNTRY) NEW YORK 4

13. NAME STEPHEN BALDRY 4  
 14. BIRTHPLACE (CITY OR TOWN) ENGLAND 4  
 (STATE OR COUNTRY)

15. MAIDEN NAME MARRIET COOK  
 16. BIRTHPLACE (CITY OR TOWN) ENGLAND  
 (STATE OR COUNTRY)

17. INFORMANT Mrs Rosamond Baldry  
 (ADDRESS) NEOSHO, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE I. O. O. F. CEMETERY DATE 2/17/39

19. FUNERAL DIRECTOR (NAME) Asley Bryan  
 (ADDRESS) NEOSHO, MISSOURI

20. FILED 2-27 1939 Abnath Jahn, M.D.  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Feb. 14, 1939  
 I last saw him alive on Feb. 14, 1939 Death is said to have occurred on the date stated above, at 11:30 P. M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma involving the liver and gall bladder

Other contributory causes of importance:

Not known

Name of operation Exploratory Date of Dec 15 1938  
 What test confirmed diagnosis? laboratory 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 None

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Abnath Jahn, M. D.(Address) Neosho, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

46

JUN 21 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*J. Bushman*

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

*J. Bushman*

Licensed Embalmer No.

*2689*

P. O. Address

*Neosho Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN: RED PENCIL.

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

7325-  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Newton Registration District No. 609  
 (b) Township ..... Primary Registration District No. 4363 Registered No. ....  
 (c) City Neosho (d) Street No. .... State .....  
 (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 Henry George Clifton Baldry  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
- | AGE | YEARS     | MONTHS   | DAYS      | If LESS than 1 day, hrs. or min. |
|-----|-----------|----------|-----------|----------------------------------|
|     | <u>64</u> | <u>6</u> | <u>23</u> |                                  |
7. 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)
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 2-27 1939 Orval A. Sale, M. D.  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1939
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19, 19
- I last saw h. alive on 19, 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:
- Carcinoma involving the liver & gall bladder Date of onset H/O
- Other contributory causes of importance: Intermittent grip symptoms were noted about Dec. 10, 1938. Operated on Dec. 15. Liver, gall bladder & pancreas were involved at that time.
- Was there an autopsy? Y. M. D.
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) Orval A. Sale, M. D. M. D.  
(Address) Neosho, Mo.

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE PREPARED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ROSEMARY MOORE

