

MAY 22 1939

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

15972  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Clair Registration District No. 761  
(b) Township Appleton Primary Registration District No. 2002 Registered No. 10  
(c) City ..... (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

435 Sarah Emily Baldwin  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 - 1889  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 1 13  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeping  
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 .....  
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) unknown / (STATE OR COUNTRY) Kentucky /

FATHER 13. NAME Henry Baldwin / 14. BIRTHPLACE (CITY OR TOWN) unknown / (STATE OR COUNTRY) Virginia /

MOTHER 15. MAIDEN NAME Mary E. Blake / 16. BIRTHPLACE (CITY OR TOWN) unknown / (STATE OR COUNTRY) Kentucky /

17. INFORMANT Elton Sharp / (ADDRESS) Appleton City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton City DATE Apr 27 1939

19. FUNERAL DIRECTOR (NAME) Frank Lee / (ADDRESS) Appleton City Mo

20. FILED April 27, 1939 Chas. Abrey Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938, to Apr 25, 1939  
I last saw her alive on Apr 23, 1938. Death is said to have occurred on the date stated above, at 10:35 P.  
The principal cause of death and related causes of importance were as follows:

Myocarditis, Ch.  
97 C  
Date of onset

Other contributory causes of importance:

Arthritis, Ch. hypertensive Semilib.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) W. Lee, M. D.

(Address) Appleton City, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-963

Date Filed 5-9-39

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, .....

April 25, 1939

or by .....

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

Signed.....

Frank Lee

Licensed Embalmer No. ....

1099

P. O. Address.....

Appleton City, Md

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.