FILED NOV 27 1939

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

35931
Do not use this space.

1. PLACE OF DEATH
(a) County Dade 2 Registration District No. 2 6 7
(b) Township Center 1 Primary Registration District No. 5 3 2 3 Registered No.
(c) City Greenfield, Mo. (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 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Lee Baldwin.
(a) Residence, No. Greenfield, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Martha E. Baldwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 6, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	29	25	

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.: Farmer
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): Dade County, Missouri

FATHER
13. NAME: J.W.Baldwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bedin, Illinois

MOTHER
15. MAIDEN NAME: Nancy Reeves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois.

17. INFORMANT (ADDRESS): Mrs. Thos. L. Baldwin, Greenfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenfield, Cem. DATE Nov. 4, 1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. W. Ward, Greenfield Mo.

20. FILED Nov 10, 1939 Leo L. Weir, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939, to Oct 31, 1939
I last saw him alive on Oct 30, 1939. Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: 94 lb

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) H. O. Dawson, M. D.
214 (Address) Greenfield Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X14028

RECEIVED

District Health Officer No. 6,

District File Number 1139-2378

Date Filed NOV 21 1939

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, ...

....., or by .....,

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.