

FILED OCT 18 1940

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

Do not use this space.

32756

## 1. PLACE OF DEATH

County Pemiscot Registration District No. 653  
 Township \_\_\_\_\_ Primary Registration District No. 4390  
 City Hayti (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 832. FULL NAME ROSE MONTELLE BALDWIN

(a) Residence, No. Hayti 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 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
77 10 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Hopkins Co. Ky  
(STATE OR COUNTRY)13. NAME Edward McEwan14. BIRTHPLACE (CITY OR TOWN) Hopkins Co. Ky  
(STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Ray16. BIRTHPLACE (CITY OR TOWN) McClain Co. Ky  
(STATE OR COUNTRY)17. INFORMANT Mrs. Flora Hirsch  
(ADDRESS) Hayti, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hayti DATE 8-14 1940

19. UNDERTAKER Ray Funeral Home  
(ADDRESS) Hayti, Mo20. FILED 8/12 Mo Pearl Kelley  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-194022. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1939, to Aug. 12 1940

I last saw him alive on Aug. 12, 1940. Death is said to have occurred on the date stated above, at 9:30 m.

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

Decompensated heart

Date of onset

Other contributory causes of importance: 95 B<sup>2</sup>Name of operation None 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) Paul Baldwin J. M. D.(Address) Hennett 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.

10-40-6