

APR 28 1930

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

Do not use this space.

8482

1. PLACE OF DEATH

County Henry
Township Shawnee
City (No. St. Ward)

Registration District No. 358
Primary Registration District No. 5402

File No.
Registered No. H

2. FULL NAME

Margaret Emaline Baldock

(a) Residence. No. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Baldock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 12 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 X 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House work
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Humanville, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John Richards

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Mr A L Stone
(Address) Clinton mo RR

15. FILED 3/22 1930 E. G. Hibler
Hompton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-15 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-14, 1930, to 3-10, 1930, that I last saw her alive on 3-14, 1930, and that death occurred, on the date stated above, Don't know m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage would say found, died in bed
Don't know (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Don't know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Don't know
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS morley
(Signed) J. R. Hampton, M. D.
19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL England Cem DATE OF BURIAL 3/16 1930

20. UNDERTAKER Spore & son ADDRESS Clinton Mo

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.

