

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

Do not use this space.
30508

1. PLACE OF DEATH

80 County Pettis Registration District No. 664
Township Green Ridge Primary Registration District No. 3882
City (No.) St. Ward

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME John Oscar Baldwin

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14-1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	0	8	20	

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. at home
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) (STATE OR COUNTRY) Windsor, Missouri

FATHER 13. NAME John R. Baldwin

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

MOTHER 15. MAIDEN NAME Myrtle Otten

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp, Mo.

17. INFORMANT Mr John R. Baldwin
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Sept. 6-33, 19__

19. UNDERTAKER (ADDRESS) HUSTON'S FUNERAL CHAPEL
Windsor, Missouri

20. FILED 9/13, 1933 U. R. Shelby
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5-33, 19__

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1933 to Sept 6 1933
I last saw him/her alive on Sept 5 19__ Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Other contributory causes of importance: _____
1172 / 1173

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? _____
If so, specify _____
(Signed) T. D. Jennings M. D.
(Address) Windsor, 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.

OCT 20 1933

