

REC'D FEB 16 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County

Cass

Township

City

Pleasant Hill, Mo.

Registration District No.

157

Primary Registration District No.

4091

File No.

1933

Registered No.

E 5

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.,

Ward.

(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

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 widow of)

Charlotte Baldwin

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

January 2-1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

72

0

25

OCCUPATION

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

Medical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Doctor

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)

Colony, Knox Co. Mississippi

FATHER

13. NAME

Lewis Baldwin

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

Indiana

MOTHER

15. MAIDEN NAME

Susan Van Diver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

17. INFORMANT (ADDRESS)

A. H. Baldwin, Jr. Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Edgewood Cemetery

DATE

1/30-1939

19. UNDERTAKER (ADDRESS)

A. P. Nofziger, Jr. Pleasant Hill, Mo.

20. FILED

Jan 29, 1939 Mrs. Etta M. Redridge

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Jan. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1939, to Jan. 27, 1939.

I last saw him alive on Jan. 27, 1939. Death is said

to have occurred on the date stated above, at 7:15 p.m.

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

Pernicious Anemia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Lab.

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

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)

M. D.

(Address)

Pleasant Hill, 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.

WHITE PAPER, WITH OUTFOLDING MATHEMATICS IS A PERMANENT RECORD

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