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

Do not use this space
Ex 11 to 61375

1. PLACE OF DEATH
County: Greene — Registration District No.: 318 — File No.: 1020 E Walnut
Township: — Primary Registration District No.: 3091 — Registered No.: 137
City: Springfield (No.: Springfield Baptist Hospital St.: Ward)

2. FULL NAME: Francis V Baldwin
(a) Residence. No.: Forsythe 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.

MAR 22 1929

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 10 - 1856

7. AGE: Years 72 — Months 9 — Days — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: Abraham Baldwin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N Y
12. MAIDEN NAME OF MOTHER: Wakeman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs F V Baldwin
(Address): Forsythe Mo

15. FILED: 2-10 29, 19 O. C. Horst Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 10. 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1929 to Feb. 10, 1929 that I last saw him alive on Feb 10, 1929, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Liver Ascending in Cystic Ducts

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Age.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Forsythe Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 4-29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. L. Wilcox, M. D.
, 19 (Address) SPRINGFIELD, 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: Burdett Cemetery — DATE OF BURIAL: 2-11 1929

20. UNDERTAKER: J W Kleinjne — ADDRESS: Springfield Mo