

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

Do not use this space.

5472

1. PLACE OF DEATH

County Johnson, Registration District No. 431
 Township Warrensburg, Primary Registration District No. 3023
 City Warrensburg, (No. _____) St. _____ Ward _____

2. FULL NAME Mark Eldridge Baldwin,

(a) Residence No. 223 E Markey St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>(write the word)</i> Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virgie Rittman Baldwin,		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 8. 1873.		
7. AGE 56	YEARS 10	MONTHS 11
	DAY	If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. NAME OF FATHER Roderick Baldwin,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York. N

12. MAIDEN NAME OF MOTHER Elbertine Tabor,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York.

14. INFORMANT Mrs O. L. Houts
 (Address) Warrensburg, Mo.

15. FILED 2/25 1930 Mr R. Patterson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19. 30

17. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to Feb. 12. 1930
 that I last saw him alive on Feb. 18. 1930, and that death occurred, on the date stated above, at 5 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Tuberculosis of the lungs

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. H. Bradley, M. D.
 Address Warrensburg, 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 Funerary Home, Warrensburg, Mo. DATE OF BURIAL 2/26 1930
Kansas City, Mo.

20. UNDERTAKER Sweeney-Gore Co. Warrenburg
 ADDRESS _____

APR 27 1930
 51
 6
 7

189

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FILED

