

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.

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

Do not use this space.

5398

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No.)

Registration District No. 398
Primary Registration District No. 5554

File No.
Registered No. 74
St. Ward)

2. FULL NAME Robert Alfred Baldry

(a) Residence, No. 21st Scott St., Ward.

Length of residence in city or town where death occurred 13 yrs. 9 mos. - da. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State).

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) Sept. 12, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 5 5

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

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

10. Date deceased last worked at this occupation (month and year) 2/18/31 11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

13. NAME John E. Baldry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muscating, Iowa

15. MAIDEN NAME Flora May Hedestrom

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlingame, Kan.

17. INFORMANT John E. Baldry Jr. (ADDRESS) Home address (21st Scott)

18. BURIAL, CREMATION, OR REMOVAL West Washington Cem. DATE Feb. 21, 1931

19. UNDERTAKER Off & Mitchell (ADDRESS) Independence, Mo.

20. FILED 2-21-31 J. L. Cook Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18, 1931

22. I HEREBY CERTIFY, That I attended deceased from 2-14- 1931, to 2-18- 1931

I last saw him alive on Feb. 18- 1931. Death is said to have occurred on the date stated above, at 6:30 m.

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

Pneumonia Influenzal

HF

Other contributory causes of importance:

Influenza

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? no

If so, specify

(Signed) Drillman M. D. (Address) 10307 Indigo ave KC Mo.

