

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.

JUN 22 1933

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

Do not use this space.

16244
Registered No. 369

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. 1516, N. Rutledge St. _____ Ward)

2. FULL NAME

Betha Grauer Baldwin
(a) Residence, No. 1801 Rutledge St., _____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Feb. 22, 1925

7. AGE YEARS 8 MONTHS 2 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Pupil
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) Jericho Springs Mo.

MOTHER FATHER 13. NAME Clarence Baldwin

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

15. MAIDEN NAME Bertha Mitealf

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

17. INFORMANT (ADDRESS) Betha Baldwin

18. BURIAL, CREMATION, OR REMOVAL PLACE Widley Grave DATE April 2, 1933

19. UNDERTAKER (ADDRESS) J. C. Thieme
Springfield Mo.

20. FILED 5-11 1933 Ralph Langston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1933

22. I HEREBY CERTIFY, that I attended deceased from Apr 29, 1933 to May 1, 1933

I last saw her alive on Apr 29, 1933. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Lobar Pneumonia - Lower right lobe
Diabetes Mellitus
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) R. F. E. Chees, M. D.
(Address) Springfield Mo.

