

PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

105-1422

Barry

Division of Vital Statistics

CERTIFICATE OF DEATH

County

Township

Village

Hastings

Register No. 22

City (No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward)

2. FULL NAME Charles S Baldwin

(a) Residence No. 534 W. Hanover

St., Ward 1st.

Length of residence in city or town where death occurred 45 yrs. mos. da (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. da

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (WRITE the word) Married

6a. If married, widowed or divorced HUSBAND of Edith Baldwin (or WIFE of)

6. DATE OF BIRTH Month, day and year: April 8 1859

7. AGE 77 Years 10 Months 29 Days IF LESS than 1 day... hrs. OR... min.

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

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

10. Date deceased last worked at this occupation month and year 11. Total time (years) spent in this occupation

12. BIRTH PLACE city or town, State or country New York State

13. NAME Simon Baldwin

14. BIRTHPLACE city or town, State or country Not Known

15. MAIDEN NAME Eliza Colton

16. BIRTHPLACE city or town, State or country Not known

17. INFORMANT Mrs. Chas. Baldwin Hastings, Mich.

18. BURIAL, CREMATION, OR REMOVAL Place Riverside Cemetery, Mar. 10, 1937

19. UNDERTAKER Waldorffs Hastings, Mich.

20. FILED Mar 9 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 7 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/1/37 to 3/7/37

I last saw patient, alive on 3/6/37; death is said to have occurred on the date stated above, at 7 am.

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

Scurvyed arteriosclerosis Duration 3 yrs

Myocardial degeneration 2 yrs

Other contributory causes of importance:

If operation, date of:

Condition for which performed:

Organ or part affected:

Was there laboratory test? Yes Autopsy? No

In case of violence state if accident, homicide or suicide:

Where did injury occur? (Specify city, county or state):

In industry, home or public place? No

Was disease or injury related to occupation of deceased? No

Signed: J. S. Stone

Address: Hastings Mich.