MARGIN RESERVED FOR BINDING

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. See instructions on back of Certificate.

1 PLACE OF DEATH.

County Sebastian

Township Upper

Inc. Town

City Ft. Smith

STATE OF ARKANSAS

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1221

Registration District No. 581

Primary Registration District No. 2345

File No. 453

Registered No.

(No. Co. Hospital St.; Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME Geo. W. Baldwin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
male	white	widowed

6. DATE OF BIRTH: Jan (Month) ____ (Day), 1860 (Year)

7. AGE: 61 yrs. ____ mos. ____ ds. If LESS than 1 day, ____ hrs. or ____ min?

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

9. BIRTHPLACE (State or Country): Kansas

PARENTS

10. NAME OF FATHER -- Baldwin

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed Carter

(Address) 2311 Tilles

15. Filed NOV 30 1921 19__ W. F. BLOCKER Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov 29 1921 (Month, Day, Year)

17 I HEREBY CERTIFY That I attended the deceased from Sep- 1921, to Nov 27, 1921, that I last saw h[illegible] alive on Nov 27 1921, and that death occurred on the date stated above, at 6 P m.

The CAUSE OF DEATH * was as followe:

apoplexy

74

Duration yrs. mos. 2 ds.

Contributory SECONDARY

Duration yrs. mos. ds.

Signed R F Parks- M. D.

11-29, 1921 Address Ft Smith-

*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At Place of death 3 yrs. ____ mos. ____ ds. In the State 3 yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence Poteau Okla

19. PLACE OF BURIAL OR REMOVAL	DATE OF REMOVAL
Poteau Okla	11-30-21, 19__

20. UNDERTAKER	ADDRESS
Oscar Fentress	1110 Garrison

Form V. S. No. 4—20M--12-27-20