

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

ALLEGHENY

Registration District No.

File No. 8809

Primary Registration District No. *Passavant Hospital*

Registered No. 8809

PITTSBURGH (No. *1*)

Ward

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

2. FULL NAME *Marcus E. Baldwin*

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

Married, widowed, or divorced
BAND of WIFE of

DATE OF BIRTH (month, day, and year) *10/29/1866*

Age: Years *66* Months *11* Days *11*
IF LESS than 1 day, hrs. of, min.

OCCUPATION OF DECEASED *Physician*

1. PLACE (city or town) *Edinboro*

2. NAME OF FATHER *Frank Baldwin*

3. PLACE OF FATHER (city or town) *Unknown*

4. MAIDEN NAME OF MOTHER *Unknown*

5. BIRTHPLACE OF MOTHER (city or town) *Unknown*

6. *W. S. Coulter*

Somerset, Pa.

M. E. Schenck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *NOV 10 1929*
(Month) (Day) (Year)

17. *Jan* I HEREBY CERTIFY, That I attended deceased from, *NOV 10 1929*, 1929 to *NOV 10 1929*, 1929 that I last saw him *alive* or *NOV 10 1929*, 1929

and that death occurred, on the date stated above, at *4:50 P.M.*
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds
CONTRIBUTORY (SECONDARY) *Bronchitis*

18. Where was disease contracted (duration) yrs. mos. *Massillon, Ohio*
If not at place of death, *Ohio*

Did an operation precede death? *No* Date of *NOV 1929*
Was there an autopsy? *No*

What test confirmed diagnosis? *Symptoms, free*
(Signed) *J. M. [Signature]* *NOV 1929* (Address) *[Address]*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL *Allegheny Cemetery* DATE OF BURIAL *NOV 13 1929*

20. UNDERTAKER *W. S. Coulter* ADDRESS *Somerset, Pa.*