

JUN 24 1926

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

16807

1. PLACE OF DEATH
 County Lewis Registration District No. 481 File No. 3
 Township LaBelle Primary Registration District No. 5643 B Registered No. 4
 City (No.) St. Ward

2. FULL NAME Katie Ethel Baugard
 (a) Residence. No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred Life 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Baugard
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/11/1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 8 11
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at Home
 (b) General nature of industry, business, or establishment in which employed (or employer) housekeeping on farm
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lewis Co. Mo
 (STATE OR COUNTRY)
 10. NAME OF FATHER John Day
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lewis Co. Mo
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Eizabeth Jane Smith
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Inde
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Lealie Johnson
 (Address) Lewis town Mo
 15. FILED 5/23 26 J. L. Brown REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1926
 17. I HEREBY CERTIFY, That I attended deceased from May 7 1926 to May 22 1926
 that I last saw h. alive on May 22 1926, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of Right thigh, Abdomen and Axilla
538 49 (duration) 2 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH,
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept. 29, 1925
 WAS THERE AN AUTOPSY? Removed part of Abd. contents
 WHAT TEST CONFIRMED DIAGNOSIS? Laboratory (Missouri etc)
 (Signed) J. L. Brown, M. D.
 (Address) Lewis town Mo
5/23 1926

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 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 Monticello Mo DATE OF BURIAL 5/24/26
 20. UNDERTAKER James A. Coder ADDRESS Lewis town Mo

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation,) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.) "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

Name: Katie Ethel Bangert
Who died at: Lewis Co. on May 22, 1926,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or near town where death occurred: Years 37 Months 10 Days 11

Sex: F Color or race: W. Single, married, widowed or divorced: _____

Date of birth: July 25, 1889 Age: Years 37 Months 10 Days 11

Occupation: (a) Trade _____ (b) Industry: Housewife on farm

Birthplace (State or country) Lewis County, Missouri

Birthplace of father (State or country) Lewis County, Missouri

Birthplace of mother (State or country) Indiana

CAUSE OF DEATH: Sarcoma of right thigh
abdorpen, and Axilla

Contributory: It started in the right thigh in
the upper 1/3 - around the femoral vein and metastases
formed in Abdomen and Axilla and became very large,

Where was disease contracted? _____

Did operation precede death? Yes. (Excision of femoral vein) Date of Sept. 29, 1925

Was there an autopsy? yes What test confirmed diagnosis? Microscopic

Name of physician: J. C. Brown M.D.

Address of physician: Lewistown, Mo.

Dr. Nick Shargo of Quincy, Ill. did the operation Sept 29, 25.
The informant is _____ Prompt return of _____

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