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

Do not use this space. 28157

1. PLACE OF DEATH

County: St. Clair — Registration District No.: 1118 — File No.: 62

Township: Osceola — Primary Registration District No.: 6010 — Registered No.: 62

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Jacob Baumgarden

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Silvia Baumgarden

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 10, 1843

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	6	8	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: James Baumgarden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

12. MAIDEN NAME OF MOTHER: Jane Ma Meredith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): V

14. INFORMANT: F. M. Baumgarden
(Address): Collins, Mo.

15. FILED Oct 1, 1927. J. T. Surcegood, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1927, to Sept. 18, 1927, that I last saw h... alive on Sept. 17, 1927, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malarial Fever
36
..... (duration) ..... yrs. ..... mos. 10 ds.

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

18. WHERE WAS DISEASE CONTRACTED: O
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF: ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) O. L. Landaker, M. D.
, 19 (Address) Collins, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Kings Prairie — DATE OF BURIAL: Sept. 19 1927

20. UNDERTAKER: Will Smith — ADDRESS: Osceola Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.