

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.

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

Do not use this space.

21132

1. PLACE OF DEATH

County Lewis
Township Canton
City Canton (No. _____)

Registration District No. 477
Primary Registration District No. 4286

File No. _____
Registered No. 24
St. _____ Ward _____

2. FULL NAME

Amy Belle Baufus

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Divorced

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

John Baufus

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov 12, 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56

6

17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Adam County

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

Levi Baynes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Margaret Hudson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

14. INFORMANT

Mrs. Laura Robinson
(Address) Canton Mo.

15. FILED

6-9-28 H. W. Harris
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR)

6-8

1928

17.

I HEREBY CERTIFY, That I attended deceased from 15 1928, to June 8 1928,
that I last saw him alive on June 8 1928 P., and that
death occurred, on the date stated above, at 8:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of stomach
several yrs.

CONTRIBUTORY (SECONDARY)

4619
440

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Home

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Killard

6-9 1928 (Address) Canton 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

DATE OF BURIAL

Forest Grove Cem.

June 10 1928

20. UNDERTAKER

ADDRESS

Carl & Buckley Canton Mo.

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