

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.

1. PLACE OF DEATH

County Pettis
 Township Sedalia
 City Sedalia

Registration District No. 665
 Primary Registration District No. 3032

File No. 24696
 Registered No. 213
 St. _____ Ward _____

2. FULL NAME

Adam Baugh

(a) Residence, No. 1301 E 10th St., _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Husband of Mary Baugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 17-1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 | 5 | 11

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) Retired
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Pettis Co Ky.
 (STATE OR COUNTRY)

10. NAME OF FATHER Jefferson Baugh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) United States
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Winifred Baugh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

14. INFORMANT Homer J Baugh
 (Address) Sedalia Mo

15. FILED 7-31-25 J. J. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-28-1928

I HEREBY CERTIFY That I attended deceased from July 27, 1928, to July 28, 1928, that I last saw h. alive on July 28, 1928, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy

17 1/2 (duration) yrs. mos. ds. a few minutes

CONTRIBUTORY (SECONDARY) none
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, none

DID AN OPERATION PRECEDE DEATH, no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical diagnosis
 (Signed) Chas. Depue, M. D.

(Address) Sedalia 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 Flat Creek Baptist Church DATE OF BURIAL 7-30-28

20. UNDERTAKER McLaughlin Bros. ADDRESS Sedalia

