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M 2384

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

Do not use this space.

1560

1. PLACE OF DEATH
County Jackson Registration District No. File No.
Township K Caw Primary Registration District No. Registered No. [illegible]
City K C Mo (No. 2449 Jackson St. Ward)

2. FULL NAME Jacob Baughman
(a) Residence. No. 2449 Jackson St. 12 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Anna Baughman
6. DATE OF BIRTH (month, day and year) July 4-1863
7. AGE Years 65 Months 5 Days 6 If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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) Mo
PARENTS
10. NAME OF FATHER Jacob Baughman
11. BIRTHPLACE OF FATHER (city or town) (State or country) Mo
12. MAIDEN NAME OF MOTHER Sally Greenwood
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Mo
14. Informant Roy Baughman
(Address) 2449 Jackson
15. Filed 1-12 1929 M. McCann Registrar

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (month, day and year) Jan 10 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1928, to Jan 10 1929
that I last saw him alive on Jan 10 1929, and that death occurred, on the date stated above, at 7:30 p.m.
THE CAUSE OF DEATH* was as follows:
Pneumonia (lobar)
108
909 [illegible]
(duration) X yrs. X mos. 7 ds.
CONTRIBUTORY (secondary) Heart pulmonic regurgitation (duration) X yrs. X mos. 7 ds.
18. Where was disease contracted if not at place of death? X
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) N A Tesson, M.D.
1/11, 1929 (Address) 909 Rialto

*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 Mt Washington
DATE OF BURIAL Jan 12 1929
20. UNDERTAKER Rose & Henderson
ADDRESS City

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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12th of Bales