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MAY 25 1929
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
Cox
14395
File No. 317
Registered No.

1. PLACE OF DEATH
County Greene
Township
City Springfield No. 1114 E Cherry St. Ward)
Registration District No. 318
Primary Registration District No. 2001

2. FULL NAME James Newton Baggett
(a) Residence. No. 1114 Cherry 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.

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.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Sarah L Baggett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5 1840

7. AGE Years 89 Months 0 Days 8 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retd
(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) Tenn

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Chas F. Baggett
(Address) Springfield Mo

15. FILED 4-14 1929 Lew Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-13 1929

17. I HEREBY CERTIFY, That I attended deceased from 4/1, 1929, to 4/12, 1929 that I last saw him alive on 4/10, 1930, and that death occurred, on the date stated above, at 12 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(Chr Valvular heart disease)
97 A Disease of Cardio-Vascular System
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Age (Senility)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Lee Cox, M. D
4/13, 1929 (Address) 223½ South

*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 Maple Park
DATE OF BURIAL 4-15 1929

20. UNDERTAKER Alma Lohmeyer
ADDRESS 534 S Lyons

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