JUN 4 1930

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

85

Do not use this space.

18655

File No. 882

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 1001

Township: — Primary Registration District No.

City: St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME Roy Waugh

(a) Residence. No. 1001 Prospect Ave. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June, 28, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	38	11	12	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barnard, Mo.

PARENTS

10. NAME OF FATHER: Robert D. Waugh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Andrew Co, Mo.

12. MAIDEN NAME OF MOTHER: Louisa E. Davis

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

14. INFORMANT: Mrs. Elsie Waugh
(Address): 1001 Prospect Ave.

15. FILED: JUN 11 1930 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June, 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jun 5, 1930, to Jun 10, 1930, that I last saw him alive on June 9, 1930, and that death occurred, on the date stated above, at 12.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Burn burns of trunk followed
2. 3rd degree burns (Electric) of
and both thighs legs & buttocks
(Accidental) Working on Light Pole (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) burns (Electric) 3rd degree (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Plus from dr.

(Signed) H K Walker, M. D.

6/10/1930 (Address) 3018 St Joseph 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
Memorial Park Cemetery	June, 11, 1930

20. UNDERTAKER	ADDRESS
Walter Meierhoffer	1302 Faraon St

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.