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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 23029
Township Kaw — Primary Registration District No. 1002 — Registered No. 3023
City Kansas City (No. St. Joseph's Hospital St. Ward)

2. FULL NAME John D Baugh
(a) Residence No. 4520 Main St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 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)
M.	W.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Ina Grace Baugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19, 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	30	2	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Newsman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer United Press

9. BIRTHPLACE (CITY OR TOWN) Braxton
(STATE OR COUNTRY) Mississippi

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

14. INFORMANT Ina Grace Baugh
(Address) 4520 Main St

15. FILED 7/23 1930 M M Trout Test REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1930

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1930, to July 22, 1930 that I last saw him alive on July 22, 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
104 E Meningitis, streptoccic
79A
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chronic sinusitis
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 978

2 DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 16-1930.
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) Evan S. Bunnell M. D.
July 23, 1930 (Address) 608 Commerce Bldg

*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
San Antonio, Texas	July 24 1930

20. UNDERTAKER	ADDRESS
D. W. Newcomer's Sons	2111 E. 9th 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.

810 ~~Commerce~~ Bldg.

1-4 [illegible]