

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.

Do not use this space.

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

8548

1. PLACE OF DEATH

County Vernon
Township Nevada
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 3039

File No. _____
Registered No. 73
St. _____ Ward _____

2. FULL NAME Juliet E. Baughman

(a) Residence No. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 8 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Falls, Missouri

13. NAME Frederick Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Parks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentworth

17. INFORMANT (ADDRESS) Mrs. Jennie Todd, Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerwood DATE Feb. 11, 1931

19. UNDERTAKER (ADDRESS) Allen V. Hays

20. FILED 9-11- 1931 E. R. King Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1931

22. I HEREBY CERTIFY, that I attended deceased from Feb 6, 1931, to Feb 10, 1931

I last saw her alive on Feb 9, 1931. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Influenza

IB

Date of onset Feb 5-

Other contributory causes of importance:

None IB (1)

Name of operation None Date of _____

What test confirmed diagnosis? Physical Exam Was an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. P. Rose, M. D.
(Address) Nevada, Mo.

