

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

Do not use this space.

8527

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. 1002 Registered No. 1108  
 City Kansas City (No. Menorah Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Booth Baughman

(a) Residence, No. 27<sup>d</sup> Gashland Mo St. X 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Dorothy Baughman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 3 1869</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>✓</u>	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	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) <u>Missouri</u>				
FATHER	13. NAME <u>John P Baughman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
MOTHER	15. MAIDEN NAME <u>Esther Williams</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>Mrs Dorothy Baughman</u> (ADDRESS) <u>Gashland Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Barry, Mo</u> DATE <u>3/18/32</u> 19				
19. UNDERTAKER <u>Quirk &amp; Tobin Co.</u> (ADDRESS) <u>20 West Linwood</u>				
20. FILED <u>2/17</u> 19 <u>32</u> <u>M. M. Cronin</u> <u>Registrar</u>				

**2 MEDICAL CERTIFICATE OF DEATH**

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1932 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932, to Mar 16, 1932  
 I last saw h. is alive on Mar 15, 1932 Death is said to have occurred on the date stated above, at 7:48 A M  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of liver Date of onset \_\_\_\_\_  
46E  
127A 46E  
 Other contributory causes of importance: 0

Name of operation Cholecystotomy Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify Alcohol \_\_\_\_\_ M. D.  
 (Signed) Alshouff Sopher  
 (Address) 702 1/2

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.

CURRENT RECORD

