

**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  
Township Kearney Primary Registration District No. 1002  
City Kansas City (No. 1838, Bellmeir St.)

File No. 29447  
Registered No. 3621  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Emmna Baugh

(a) Residence, No. 1838 Bellmeir St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>female</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Baugh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April-30-1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>3.4</u>
	DAYS <u>24</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>House work</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Private home</u>	
	10. Date deceased last worked at this occupation (month and year)	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1932

22. I HEREBY CERTIFY, that I attended deceased from Sept 21 to Sept 24, 1932

I last saw her alive on Sept 23, 1932 Death is said to have occurred on the date stated above, at 6 P.M.

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

Cerebral hemorrhage Date of onset Sept 21  
arterio-sclerosis

Name of operation \_\_\_\_\_ 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? no 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 \_\_\_\_\_  
(Signed) J. W. McCann, M. D.  
(Address) 1000 E. 12th

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	13. NAME <u>Unknown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Emma Hick</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	17. INFORMANT <u>Henry Bellah</u> (ADDRESS)
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>maple Hill</u> DATE <u>Sept. 27, 1932</u>
	19. UNDERTAKER <u>Adkins Bros.</u> (ADDRESS) <u>2000 E. 12th</u>
	20. FILED <u>9/26, 1932</u> <u>M. M. McIlwain</u> Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

