

661 26 1932

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

Do not use this space.

29634

1. PLACE OF DEATH

52 County Monroe
Township Greensburg
City Barrington

Registration District No. 439
Primary Registration District No. 2596

File No. _____
Registered No. 204
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22-1910</u>		
7. AGE <u>22</u>	YEARS <u>4</u>	MONTHS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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. _____		10. Date deceased last worked at this occupation (month and year) _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greensburg Mo.</u>		
13. NAME <u>Albert Baugher</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Finley Ill.</u>		
15. MAIDEN NAME <u>Bertha Hilbert</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greensburg Mo.</u>		
17. INFORMANT <u>Bertha Baugher</u> (ADDRESS) <u>Barrington Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greensburg</u> DATE <u>Sep. 18, 1932</u>		
19. UNDERTAKER <u>Mrs. J. W. Hudson & Son</u> (ADDRESS) <u>Edina Mo.</u>		
20. FILED <u>Oct 10 1932</u> <u>Edina Mo.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from May 13, 1932 to Sept 16, 1932

I last saw him alive on Sept 14, 1932 Death is said to have occurred on the date stated above, at 10 A. M.

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

Other contributory causes of importance: (1)

Name of operation None Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? Y

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? Y
If so, specify _____
(Signed) Chas. E. Luman, M. D.
(Address) Edina Mo.

