

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

Do not use this space.

29637

1. PLACE OF DEATH

53 County Boonville
Towship Boonville
City Edina Mo. (No.)

Registration District No. 441
Primary Registration District No. 4259

File No.
Registered No. 1537
St. Ward)

2. FULL NAME

Leonard Vert Baugher
(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 5 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Kan

10. NAME OF FATHER C. H. Baugher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Lucy Hull

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Ohio

14. INFORMANT C. H. Baugher
(Address) Edina

15. FILED 9-5-1932 Mrs C M Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-3 1932

17. I HEREBY CERTIFY, That I attended deceased from 9-1-1932 to 9-3-1932
that I last saw him alive on 9-3-1932, and that death occurred, on the date stated above, at 1100 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis Paralytica
Clinical History (duration) yrs. mos. 6 ds.
CONTRIBUTORY Intestinal Flu
(SECONDARY)
Clinical History (duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. 110

DID AN OPERATION PRECEDE DEATH? NO DATE OF 9-3-1932

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Federick L. Schmitt, M.D.
9-5-1932 (Address) Edina, Mo.

*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 Livville Cemetery DATE OF BURIAL Sep 5 1932

20. UNDERTAKER Mrs J. W. Hudson & Son ADDRESS Edina

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.

THIS IS A PERMANENT RECORD

Oct 26 1932

10