

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

Do not use this space.

41177

86 1. PLACE OF DEATH
County Pulnam Registration District No. 719
Township Elm Primary Registration District No. 5950
City Livonia (No. _____) St. _____ Ward _____
2. FULL NAME Nellie Bernio Baugh
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 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) July 27, 1898
7. AGE YEARS MONTHS DAYS 34 4 25 If LESS than 1 day, _____ hrs. or _____ min.
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) Missouri
13. NAME Jessie A. Baugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Martha Rebecca Roland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT Martha D. Baugh (ADDRESS) Livonia, Mo. R.F.D.
18. BURIAL, CREMATION, OR REMOVAL PLACE Brasfield DATE Dec 22 1932
19. UNDERTAKER W. H. Thurst (ADDRESS) Unionville, Mo.
20. FILED Dec 28 1932 Harward Smith Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1932, to Dec. 21, 1932
I last saw her alive on Dec. 11, 1932. Death is said to have occurred on the date stated above, at 9 P. M.
The principal cause of death and related causes of importance were as follows:
Tubercular Osteomyelitis
Other contributory causes of importance: 2700
Name of operation _____ Date of _____
What test confirmed diagnosis? symptoms Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Y 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) W. H. Thurst, M. D.
(Address) Unionville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

