

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

Do not use this space.

42023

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 11140
 City St. Louis (No. Barnes Hospital)
 St. _____ Ward _____

File No. 11140
 Registered No. 11140

2. FULL NAME

Jas. Merrill Baroughs
 (a) Residence, No. 326 So. Hanley St., 12 Ward. Clayton Mo.
 (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>M</u>	4. COLOR OR RACE <u>Wh</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>Dec 4, 1882</u>		
7. AGE YEARS <u>50</u>	MONTHS	DAYS <u>70</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired salesman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Central Shoe Co</u>		
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>Ala.</u> <u>2</u>		
13. NAME <u>unknown Baroughs</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala.</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala.</u>		
17. INFORMANT <u>W. L. Rogers</u> (ADDRESS) <u>326 So. Hanley Clayton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Austin, Tex.</u> DATE <u>12-15-32</u>		
19. UNDERTAKER <u>Louis H Bopp</u> (ADDRESS) <u>1818 North 1st St</u>		
20. FILED <u>DEC 15 1932</u> <u>W. L. Rogers</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-5-1932 to 12-14-1932
 I last saw him alive on 12-14-1932 Death is said to have occurred on the date stated above, at 7:05 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis & Anemia
Hypertension
Arteriosclerosis

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? _____ 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. (1)

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Karbotomia (Signed) _____ M. D.
 (Address) 600 South Kingshighway

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.

