

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.

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

Do not use this space.

19762

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. 5511)

Registration District No. 399
Primary Registration District No. 1002
Harrison

File No. _____
Registered No. 2477
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5511 Harrison St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>John Baughn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 9, 1847</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>8</u>
	DAYS <u>4</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>None</u>	
	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) <u>Burlington, Co.</u>		
FATHER	13. NAME <u>Augusta Chapley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown N. J.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Gordon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. J.</u>	
17. INFORMANT <u>Frank Baughn</u> (ADDRESS) <u>1325 N. Paul St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oxford Kansas</u> DATE <u>JUNE-15, 1933</u>		
19. UNDERTAKER <u>D. W. Newcomer & Sons</u> (ADDRESS) <u>2111 E. 9th St. K.C. Mo</u>		
20. FILED <u>June 14, 1933</u> <u>M. M. Corowe</u> Registrar		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 13 - 1933

I HEREBY CERTIFY That I attended deceased from June 7, 1933, to June 13, 1933
I last saw her alive on June 12, 1933 Death is said to have occurred on the date stated above, at 8:20 a.m.

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

1115
Pneumonia (hypostatic) Date of onset June 6-33
99
Other contributory causes of importance:
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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) S. C. Remley, M. D.

(Address) 206 Argyle Bldg
K.C. Mo

