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

Do not use this space.

23799

File No.
Registered No.

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.

AUG 26 1933

1. PLACE OF DEATH
County Miller
Township Equality
City Iberia (No. St. Ward)
Registration District No. 364
Primary Registration District No. 3738

2. FULL NAME Avery William Baucom.
(a) Residence, No. Eldon Mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-23-1906
7. AGE: Years 26 | Months 11 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Rigger
10. Date deceased last worked at this occupation (month and year) 7-24-33
11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo.

FATHER
13. NAME Lee Baucom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawfordes. Mo

MOTHER
15. MAIDEN NAME Mary Elizabeth Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Lee Baucom Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eldon Mo DATE July 25 1933

19. UNDERTAKER (ADDRESS) D. C. Ryan Eldon Mo

20. FILED 7-24 1933 D. H. Kouns M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h.. alive on 7-24, 1933 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Death due to shock and hemorrhage.	7/24/33
Other contributory causes of importance: accidentally fell from steel bridge girder.	10 1

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 24 1933
Where did injury occur? Tuscumbia - Miller Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Industry
Manner of injury Accidentally fell.
Nature of injury Punctured right lung.

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify fell while constructing bridge.
(Signed) D. H. Kouns, M. D.
(Address) Tuscumbia

Investigated by Dr. J. R. Ellison County Coroner