

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

Do not use this space.

27042

1. PLACE OF DEATH
66 County Miller Registration District No. 561
Township Saline Primary Registration District No. 4330
City Eldon (No. _____ St. _____ Ward _____)
7
2. FULL NAME William Owen Baughman
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Debra Baughman (or) WIFE OF Alleg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-27-1883
7. AGE YEARS 50 MONTHS 0 DAYS 4 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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) Morgan County
13. NAME Thomas Baughman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Jane Bradshaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT Debra Baughman (ADDRESS) Eldon
18. BURIAL, CREMATION, OR REMOVAL Crem. Miller Co. Mo. PLACE Pleasant Grove DATE 8-3-33
19. UNDERTAKER Phillips Funeral Home (ADDRESS) Eldon Mo.
20. FILED 8-2 1933 Belle Haynes Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1 1933
I HEREBY CERTIFY, That I attended deceased from 8-1 1930 8-1 1933
I last saw him alive on 7-30 1933 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
1948 1949
97
Other contributory causes of importance:
Traumatic Epilepsy
1914
Name of operation none Date of _____
What test confirmed diagnosis? Clin. Lab. Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Contributory Date of injury Feb 1914
Where did injury occur? Versailles Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury By 1st second party
Nature of injury Hit in temporal region with brick
24. Was disease or injury in any way related to occupation of deceased?
If so, specify E. C. Shelton M. D.
(Signed) Eldon, Mo
(Address)

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

SEP 26 1933

24

2015-11-15

[illegible]

10