27 1934

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

Do not use this space.

464

1. PLACE OF DEATH

County Cass — Registration District No. 148 — File No. 3

Township Mount Pleasant — Primary Registration District No. 5212 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Adam D. Baumgardner

(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 32 yrs. — mos. — ds. How long in U. S., if of foreign birth? no 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~~ Claudia Baumgardner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28 1876

7. AGE: YEARS 57 — MONTHS 8 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Johnson Co
(STATE OR COUNTRY) Near Stilwell Kans

PARENTS

10. NAME OF FATHER Francis M. Baumgardner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Eliza E. Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Independence Mo
(STATE OR COUNTRY)

14. INFORMANT J. M. Baumgardner
(Address) Stilwell Kans

15. FILED 1-27 1934 R M Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1934

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934, to Jan 27, 1934 that I last saw him alive on 1-27, 1934, and that death occurred, on the date stated above, at 10 08 a m

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
54
50
100
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Diabetic
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R M Miller, M. D.
Jan 28, 1934 (Address) Balton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Aubry Kansas — DATE OF BURIAL: Jan 29 1934

20. UNDERTAKER: P Doons — ADDRESS: Spring Hill Ke

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.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD