

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 4864
 Township Franklin Primary Registration District No. _____ Registered No. 586
 City Kansas City (No. Kansas City General Hospital) St. _____ Ward _____

2. FULL NAME

Zula Baugher
 (a) Residence, No. 1628 Madison St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Widow (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-16-1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Kuabnoctor Missouri

13. NAME B. J. Upton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME J. Purin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn

17. INFORMANT (ADDRESS) Records Clerk K.C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Kuabnoctor Mo. 12/8/34

19. UNDERTAKER (ADDRESS) O. V. MAST FUNERAL HOME, Inc. 3146 Main St

20. FILED 2-7-34 M.M. Crowe
 asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-22-34, 1934, to 2-6-, 1934

I last saw her alive on 2-6-, 1934. Death is said to have occurred on the date stated above, at 11:55 a.m.

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

Carcinoma of uterus
hypostatic Broncho-pneumonia
 Date of onset _____

Other contributory causes of importance:

48
Name of operation Laparotomy **Date of** 1-30-34
What test confirmed diagnosis? _____ **Was there an autopsy?** Yes

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) J. J. [Signature], M. D.

(Address) St. Louis Mo

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.

