

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 406
Township Madison Primary Registration District No. 5564
City _____ (No. _____) St. _____ Ward _____

File No. 17126
Registered No. _____

2. FULL NAME Edmond F. Raugh

(a) Residence No. Carthage 9-6 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nina E. Cooley</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 2nd 1859</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>75</u> | <u>4</u> |
| | | <u>16</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>Farming</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>Vandalia Brown Co. Ill.</u> | | |
| FATHER | 13. NAME <u>Henry Clay Raugh</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> | |
| MOTHER | 15. MAIDEN NAME <u>Mary Ann Andersonville Ind</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u> | |
| 17. INFORMANT (ADDRESS) <u>Joe Raugh Carthage Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fashion Cemetery</u> DATE <u>5/21 1934</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Ulmer - Drake Carthage Mo.</u> | | |
| 20. FILED <u>May 21, 1934</u> <u>S. B. Colinton</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18th 1934

22. HEREBY CERTIFY, That I attended deceased from Dec 4 1933 to May 18 1934
I last saw him alive on May 17 1934. Death is said to have occurred on the date stated above, at 10:30 a. m.
The principal cause of death and related causes of importance were as follows:
1. Nephritis
2. Pyonephritis
3. Hypertension
4. Cholelithiasis
Other contributory causes of importance:
Hypertension
Cholelithiasis

Name of operation none Date of _____
What test confirmed diagnosis? Urinal Spec 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? h (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? no
If so, specify _____
(Signed) George H. Wood, M. D.
(Address) Carthage 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.

JUN 22 1934

