

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

Do not use this space.

24464

1. PLACE OF DEATH

County Douglas Registration District No. 399
 Township Flaw Primary Registration District No. 1000
 City Kansas City (No. 4) General Hosp St. 5004 Ward

2. FULL NAME

(a) Residence, No. 1428 Forest St. Ward.
 (Usual place of abode)

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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-25-1892</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>4</u>
	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hotel Clerk</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr.

13. NAME Ed A. Baugh

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

15. MAIDEN NAME Eda Hawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) Ke and Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Manah, Neb. DATE 7-11-34

19. UNDERTAKER (ADDRESS) Quirk & Tolin

20. FILED July 10-34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-9-1934 to 7-10-1934

I last saw him alive on 7-10-1934 Death is said to have occurred on the date stated above, at 11:45 AM

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

Tuberculosis of Lungs Date of onset 23/8

Other contributory causes of importance:

Name of operation 53 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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) P. J. Moran M. D.

(Address) Asst. Sup. Gen. Hosp

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 21 1934

5-10-34

