OCT 9 1934

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

Do not use this space.

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No. 32321
Township — Primary Registration District No. 3014 — Registered No. 276
City Jefferson (No. St. Mary's Hospital St. Ward)

2. FULL NAME Mrs. Mary Margaret Baughman
(a) Residence, No. Prince Edward Apts. 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

3. SEX Female
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 Geo. W. Baughman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1909
7. AGE YEARS 25 MONTHS 1 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Richmond, Ind.

FATHER
13. NAME Jos J. Elliott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raysville, Ind.

MOTHER
15. MAIDEN NAME Elizabeth Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson, Ind.

17. INFORMANT Henry A. Lilla
(ADDRESS) 816 Fairmount J. C. Mo.
18. ~~[illegible]~~ REMOVAL
PLACE Richmond, Ind. DATE Sept. 27, 1934
19. UNDERTAKER Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.
20. FILED 9/27/ 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep. 26, 34, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21st, 1934, to Sept. 26th, 1934
I last saw her alive on Sept 26th, 1934. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Septicemia ~~[illegible]~~ Criminal Abortion	
(2) Peritonitis	

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Other contributory causes of importance:
Acute myocarditis
acute pyelo-nephritis

Name of operation Criminal Abortion Date of 9-15-34
What test confirmed diagnosis? Was there an autopsy? no

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) John W. McHaney, M. D.
(Address) Jefferson City, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD