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.

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

Do not use this space. 35777

Dr Russell

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 601
City Springfield (No. 837 S. Robberson St. Ward)

2. FULL NAME Walter J Baughart
(a) Residence, No. 837 So Robberson 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 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 Maud Baughart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 - 1870

7. AGE YEARS 65 MONTHS 0 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Ridgeley Nebr

FATHER
13. NAME Van Baughart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Alonzo Baughart 837 Robberson

18. BURIAL, CREMATION, OR REMOVAL
PLACE East Lawn DATE 4/16 1935

19. UNDERTAKER (ADDRESS) H. H. Lohmann Sarcoxie Field Mo.

20. FILED 11-16 1935 R W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1935

22. I HEREBY CERTIFY, That I attended deceased from December, 1932 to Nov. 13, 1935
I last saw him alive on Dec 12, 1935. Death is said to have occurred on the date stated above, at 2:15a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Acute Dilatation of Heart	
Causing Immediate death.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Exam 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? No
If so, specify .....
(Signed) Walter S Russell, M. D.
(Address) Medical Arts Bldg Springfield Mo.