

JUL 23 1936

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

Do not use this space.

25678

1. PLACE OF DEATH

County Butler Registration District No. 89
Township Paplar Bluff Primary Registration District No. 5131
City _____ No. _____ St. _____ Ward _____

File No. _____

Registered No. 167

2. FULL NAME

John Pleasant Baumgardner
(a) Residence No. 8 mi. S.E. Paplar Bluff, Mo.
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Watie Baumgardner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) 1-9-36 11. Total time (years) spent in this occupation 64

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Effingham, Mo.

13. NAME Andrew J. Baumgardner

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) John Baumgardner

18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn Cem. DATE July 14, 1936

19. UNDERTAKER (ADDRESS) H. P. Meeks

20. FILED 7/15/36 Chittenden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1936

22. I HEREBY CERTIFY, that I attended deceased from July 4, 1936, to July 12, 1936
last saw him alive on July 11, 1936 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Senile degeneration of heart (right ventricle) Date of onset 7-6-36

Other contributory causes of importance: hypertension 6-4-36

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) Chittenden M. D.
(Address) Paplar Bluff, 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.

