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

SEP 21 1936

Do not use this space.

30604

1. PLACE OF DEATH

County: Greene — Registration District No.: 318 — File No.:

Township: — Primary Registration District No.: 2001 — Registered No.: 727

City: Springfield, Mo (No. St. Johns Hosp. St. Ward)

2. FULL NAME: Master Joe Baumgarner

(a) Residence. No. AVA Mo St., Ward. Ava, 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 2 - 1930.

7. AGE: 5 YEARS — MONTHS: ~~X~~ 8 — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ava, Mo

PARENTS

10. NAME OF FATHER: Mr. Earl Baumgarner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Fredonia Kansas -

12. MAIDEN NAME OF MOTHER: Dorothy Cull

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kingdon Springs Arkansas -

14. INFORMANT (Address): EARL BAUMGARNER AVA. Mo.

15. FILED 8-23, 1936 Dr Chas a george REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8/23/36 19

17. I HEREBY CERTIFY, That I attended deceased from 8/22/36, 19, to 8/23/36, 19 that I last saw him alive on 8/22/36, 19, and that death occurred, on the date stated above, at 7 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Staphylococcic Septicemia
" Osteomyelitis of femur
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): 154
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Ava Mo.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood Culture

(Signed) Eug J Schwartz, M. D

, 19 (Address) 342 Med. Arts Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: AVA. MISSOURI — DATE OF BURIAL: 8/23 1936

20. UNDERTAKER: KLINKINGBEARD-FUNERAL-HOME — ADDRESS: AVA. MO.

[illegible]

[illegible]

[illegible]

[illegible]