

SEP 24 1937

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

Do not use this space.

31540

1. PLACE OF DEATH Putnam

County Lincoln

Township

City

(No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME Andrew Washington Baugher

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 8 mos. ✓ ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Amy Catherine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 1 1877

7. AGE

YEARS

60

MONTHS

6

DAYS

17

If LESS than 1

day, ... hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer
Own Farm9. 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) July 193711. Total time (years)
spent in this
occupation 40

12. BIRTHPLACE (CITY OR TOWN)

Putnam Co

(STATE OR COUNTRY)

Mo

FATHER

13. NAME James Baugher

14. BIRTHPLACE (CITY OR TOWN)

Springfield

(STATE OR COUNTRY)

ILL

MOTHER

15. MAIDEN NAME

Nancy Humphreys

Putnam Co

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Friendship

DATE

Aug 20-37

19. UNDERTAKER

(ADDRESS)

Cincinnati Iowa.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug-18-37

19

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1937 to Aug 18 1937

I last saw him alive on Aug 11 1937

Death is said

to have occurred on the date stated above, at 5:00 P.M.

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

Hepatic Carcinoma

Date of onset

Other contributory causes of importance:

Name of operation

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)

(Address)

M. D.

Excerptum
VCE quodlibet per hunc EXCERPTUM

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

315-40

Do not use this space.

1. PLACE OF DEATH

(a) County Putnam
(b) Township Lincoln
(c) City

Registration District No. 721
Primary Registration District No. 5952

Registered No.

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 39 yrs. mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Andrew Washington Baughner St. Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 - 1877

7. AGE YEARS 60 MONTHS 6 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. own farm
10. Date deceased last worked at this occupation (month and year) July 1, 1937
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo

13. NAME James Baughner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

15. MAIDEN NAME Nancy Humphrey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo

17. INFORMANT (ADDRESS) Paul Baughner
menard Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE friendship DATE Aug 20, 1937

19. FUNERAL DIRECTOR (ADDRESS) Leater E. Best
Cincinnati Ohio

20. FILED Nov 1, 1937 GW Dillner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1937

I HEREBY CERTIFY, That I attended deceased from June 1937 to Aug 18, 1937
I last saw him alive on Aug 11, 1937. Death is said to have occurred on the date stated above, at 37 P.M.
The principal cause of death and related causes of importance were as follows:

Hepatic Carcinoma

Other contributory causes of importance:

Name of operation Date of
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? no
If so, specify
(Signed) P. V. Hart, M. D.
(Address) Coatsville Mo

S-31540