

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

Do not use this space.

NOV 23 1937

38616

1. PLACE OF DEATH

County Repley
 Township Danforth
 City Danforth (No. 4457)

Registration District No. 750
 Primary Registration District No. 5985

File No. 15
 Registered No. 1497
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Word _____
 (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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 4 _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) Grandview Mo

13. NAME C. J. Baggatt

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

15. MAIDEN NAME Mary Baumbach

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

17. INFORMANT (ADDRESS) C. J. Baggatt
Grandview

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE Sept 17 1937

19. UNDERTAKER (ADDRESS) Jim Baggatt

20. FILED 10-18-37 C. B. Johnston
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct - 14 1937 to Oct - 17 1937

I last saw him alive on Oct - 14 1937 Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

Brucellosis pneumonia
 Other contributory causes of importance: none
 Name of operation none 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? _____
 If so, specify _____ (Signed) J. E. Ferguson M. D.
 (Address) Danforth Mo

N. B.—Every item of information should be carefully supplied. A false statement of occupation is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

109a

CAUSE OF DEATH IN 1954

... 6175 21

ПОДАЧА ЗАДАЧИ

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

38616

Do not use this space.

1. PLACE OF DEATH

(a) County Repley Registration District No. 75-0
(b) Township Doniphan Primary Registration District No. 445-1 Registered No. _____
(c) City Doniphan (d) Street No. _____ St. _____
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. David Deen Baggett 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) inf

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 19 37

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

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 14

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

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

Stroke (Pneumonia) Date of onset _____

no complications

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS)

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE DATE 19____

Manner of injury _____

Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify (Signed) J. S. Williams M. D.

(Address) Doniphan

20. FILED 1-14 1938 J. E. Williams Local Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

