

1938 OCT 25 1938

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

Do not use this space.

32831

65

1. PLACE OF DEATH

County Montgomery
Township Dakville
City New Florence (No. 1)

Registration District No. 593
Primary Registration District No. 4351

File No. 65
Registered No. 32831
St. Ward

2. FULL NAME

Tony Edward Baugh

(a) Residence, No. New Florence Mo. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 1 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 Sam & Arthur & Bessie Baugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1920

7. AGE YEARS 18 MONTHS 3 DAYS 2 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver Workman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clay County, Mo.

10. Date deceased last worked at this occupation (month and year) Sept. 2, 1938 11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middletown Montgomery County

13. NAME Arthur Baugh

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

15. MAIDEN NAME Bessie Bell Belcher

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

17. INFORMANT (ADDRESS) William Baugh New Florence Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Midway Church DATE Sept 28, 1938

19. UNDERTAKER (ADDRESS) G. E. Henderson Jr. New Florence Mo.

20. FILED 10/10 38 JO Hahn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 . I last saw him Coroner's case 19 . Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Fractured Skull (left) and Fractured Cervical Vertebrae Date of onset 9-26-38

Other contributory causes of importance: Fractured Left Arm, Right Leg, Left & Right Vertebral, Multiple Lacerations & Bruises

Name of operation none 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? Accident Date of injury 9-26, 1938 Where did injury occur? New Florence, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Wabash R.R. - No. 9 Train

Manner of injury Train hit Clay Truck

Nature of injury Accident - Train Hit Truck

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Drying Truck at Death

(Signed) E. T. Andersen, M.D.

573 (Address) Montgomery City, Mo

Coroner of Montgomery Co.

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.

