

REC'D APR 21 1939

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

12476

Do not use this space.

1. PLACE OF DEATH *2*  
 (a) County *Scottland* 1 Registration District No. *810*  
 (b) Township *Miller* Primary Registration District No. *6062* Registered No. *13*  
 (c) City ..... (d) Street No. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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 *230 Spicy Lane Baggett*  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Everett Baggett*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 16-1877*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*61 8 24*  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*  
 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 .....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Schuyler Co. MO*  
 FATHER 13. NAME *Ozias Baggett*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*  
 MOTHER 15. MAIDEN NAME *Catherine Hackler*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*  
 17. INFORMANT (ADDRESS) *Everett Baggett*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Doubling* DATE *Mch 12 1939*  
 19. FUNERAL DIRECTOR (ADDRESS) *Loard Moore Doubling Mo.*  
 20. FILED *Mar 13 1939 E. J. Jamieson* Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mch 10 1939*  
 22. I HEREBY CERTIFY, That I attended deceased from *Mch 9 1939* to *Mch 9 1939*  
 I last saw her alive on *Mch 9 1939*. Death is said to have occurred on the date stated above, at *2 P. m.*  
 The principal cause of death and related causes of importance were as follows:  
*Influenza. 11/2*  
 Date of onset  
 Other contributory causes of importance:  
*Heartness from blood poisoning previously. Bad Heart*  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? *r* 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 ..... 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) *H. E. Gerwig*, M. D.  
 (Address) *Doubling Mo.*  
*725*

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50103-226-37 1 X12004

RECEIVED

District Health Officer No. 10

Case File Number 10-39-484

Filed APR 19 1939

STATEMENT BY LICENSED EMBALMER

I, Lloyd Moore, Licensed Embalmer No. 3151

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3151

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)