FILED OCT 24 1941

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

Do not use this space.

101

32732

1. PLACE OF DEATH
County Shannon
Township Birch Tree
City ..... (No. ..... St. ..... Ward)
Registration District No. ..... Primary Registration District No. ..... File No. ..... Registered No. .....

2. FULL NAME John Robert Baugh

(a) Residence. No. ..... St. Birch Tree Mrs. Ward.
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Emma Alice Baugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11 1873.

7. AGE: Years 68 | Months — | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mt Vernon Ill
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Erastus Downing Baugh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Eliza Ann Hicks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill

14. INFORMANT Orville Baugh
(Address) Birch Tree Mo

15. FILED 10-4- 1941 Frank Hyde MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1941

17. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1941, to Oct 3 1941, that I last saw he alive on Oct 2, 1941, and that death occurred, on the date stated above, at 4:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 939

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. L. Davis M.D
, 19 (Address) Birch Tree Mo.

*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: Birch Tree Mo. | DATE OF BURIAL: Oct 5 1941

20. UNDERTAKER: John L Duncan | ADDRESS: Birch Tree Mo.

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.

Body Embalmed by.
John F. Hmeau.
License # 2516.
Mt Vernon Mo

RECEIVED
District Health Officer No. 5,
District File Number 20K 18 02 8
Date Filed _____