

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

Do not use this space.

19243

1. PLACE OF DEATH

County Harry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No. _____) (St. _____) (Ward _____)

File No. _____
Registered No. 49

2. FULL NAME

Martha Frances Baugh (Baugh)
(a) Residence. No. 105-E Clinton St. 4 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. - mos. - ds. - How long in U.S., if of foreign birth? 68 yrs. 7 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. J. H. Baugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-24-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 9 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) _____

10. NAME OF FATHER Christopher Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____

(STATE OR COUNTRY) Sumner Co

12. MAIDEN NAME OF MOTHER Sabitha Baugh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____

(STATE OR COUNTRY) Benton Co Mo

14. INFORMANT Mason Anderson

(Address) Clinton Mo

15. FILED 6/16 1930 Dr. E. C. Peeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1930 to June 15 1930
that I last saw her alive on June 15 1930, and that death occurred, on the date stated above, at 12:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perniciou Anemia

11B
11A 11B (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) - xlv (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Samuel A. Poague, M. D.

6/15 1930 (Address) Clinton 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 _____ DATE OF BURIAL _____

Englewood Cem 6/17 1930

20. UNDERTAKER _____ ADDRESS _____

Sims-Wilkinson Clinton 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.

