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

Do not use this space. 925

FEB 1 1929 35 8 4

1. PLACE OF DEATH
County Dunklin — Registration District No. 288 — File No.
Township Ind — Primary Registration District No. 4122 — Registered No.
City — (No. ..... St. ..... Ward)

2. FULL NAME J. E. Baugher
(a) Residence. No. ..... St., ... 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: Male
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: Arminta Baugher

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 25-1862

7. AGE: 66 YEARS, 10 MONTHS, 13 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Tenn

PARENTS
10. NAME OF FATHER: Thomas Baugher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Nancy Tucker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Tenn

14. INFORMANT: Arminta Baugher
(Address): Denath R-7

15. FILED 1-9 1929 E. L. Spence, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/8 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1928, to 1-8 1929 that I last saw him alive on 1-6, 1929, and that death occurred, on the date stated above, at 8 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio-Renal Dis
95B
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 90B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 8
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) U. A. Bresnell, M. D.
, 19 (Address) Kennett 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: Liberty Cartridge — DATE OF BURIAL: 1/9 1929

20. UNDERTAKER: A. C. Lansdell Kennett Mo. — ADDRESS

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.