

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

Do not use this space.

23709

**PLACE OF DEATH**

County Wodaway  
Township Hughes  
City (No. ....) (St. ....) (Ward ....)

Registration District No. 622  
Primary Registration District No. 5824

File No. ....  
Registered No. 6

**2. FULL NAME**

John H. Baublitts

(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 Ida V. Baublitts

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
72 5 21

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wodaway Co. Missouri

10. NAME OF FATHER Henry F. Baublitts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Md

12. MAIDEN NAME OF MOTHER Mary Haire

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Md

14. INFORMANT Mrs Ida V. Baublitts (Address) Graham, Mo., R.F.D.

15. FILED 7-14-1930 M.M. Rhoades Md REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1929, to Jul 5, 1930 that I last saw him alive on Jul 5, 1930, and that death occurred, on the date stated above, at 11:50 A.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of the Colon

466  
162 (duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Age (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 45 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Laboratory

(Signed) E. L. Morgan, M. D.

, 19 (Address) Graham, 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

Graham Cemetery July 7, 1930

20. UNDERTAKER ADDRESS

Cummings Funeral Home Wayville, 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.

6-1930

Aug-10-30 C. P. Fryer REGISTRAR

