

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

Do not use this space.

**1. PLACE OF DEATH**

County Crawdaway  
Township Mourae  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 630  
Primary Registration District No. 5832

File No. 28983  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 1 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female White</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jacob Baugher</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 14 1853</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>0</u>	<u>8</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife 50</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>90</u> (c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ohio

PARENTS	10. NAME OF FATHER <u>Fayette Cook</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ohio</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Cyphers</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ohio</u>

14. INFORMANT Allie Gray Patterson  
(Address) Skidmore Rd

15. FILED 8-24-31 Dr. J. Manning  
REGISTER

**MEDICAL CERTIFICATE OF DEATH**

4  
16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22 1931  
17. I HEREBY CERTIFY, That I attended deceased from Aug. 19th, 1931, to Aug 22nd, 1931, that I last saw h. c. p. alive on Aug 22nd, 1931, and that death occurred, on the date stated above, at 6-7 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Embolism and thrombi (Cerebral and left leg)  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.  
CONTRIBUTORY diabetes mellitus  
(SECONDARY) (duration) 8 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? Symptoms & Laboratory  
(Signed) C. V. Martin, M. D.

Aug 24, 1931 (Address) Maryville, 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 <u>Groves Cemetery</u>	DATE OF BURIAL <u>Aug 24 1931</u>
20. UNDERTAKER <u>Pricc Fm Co Maryville Mo</u>	ADDRESS

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.

SEP 24 1931

