RECD APR 20 1938

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

Do not use this space.

File No. 11138

Registered No. 22

1. PLACE OF DEATH
County Jasper
Township Marion
City SB Hospital (No. ..... St. ..... Ward)
Registration District No. 413
Primary Registration District No. 5559C

2. FULL NAME Albert M Baudy 530
(a) Residence, No. 217 No Maple St., ... Ward. Carthage (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Edna Baudy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarry (Stone)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shutrock Mo

FATHER
13. NAME John M Baudy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER
15. MAIDEN NAME Flora B. Keller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carthage DATE 3/28 1938

19. UNDERTAKER Kruse Undertaking Co
(ADDRESS) Carthage

20. FILED 4/16 1938 Harry A Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1937 to March 28 1938
I last saw ~~him~~ alive on March 27 1938 Death is said to have occurred on the date stated above, at 1/2 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: 23 W

Name of operation None Date of
What test confirmed diagnosis? Post Mort Was there an autopsy? No

22. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? - Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury -
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Jesse E. Daugherty M. D.
(Address) Fort Ct

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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.

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