

REC'D JUN 8 1938

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

18810
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 532
(b) Township Laplata Primary Registration District No. 5711 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Alvin Baugher 260
(a) Residence, No. County St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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
Corie Baugher Cora Baugher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 4 3

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

12. BIRTHPLACE (CITY OR TOWN) (Unknown)
(STATE OR COUNTRY) Illinois

FATHER 13. NAME William Baugher
14. BIRTHPLACE (CITY OR TOWN) (Unknown)
(STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Ardelia Auxer
16. BIRTHPLACE (CITY OR TOWN) (Unknown)
(STATE OR COUNTRY) Illinois

17. INFORMANT Cora Baugher
(ADDRESS) R. R. #4, La Plata, Mo.

18. BURIAL, ~~CHURCH OR PLACE~~ Mt. Tabor Cem. - Atlanta 4/30, 1938
DATE

19. FUNERAL DIRECTOR Albert Skinner
(ADDRESS) Macon, Mo.

20. FILED May 19, 1938 Louise J. Smith
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 10, 1936, to Apr. 25, 1938

I last saw him alive on Apr. 25, 1938 Death is said

to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Cerebro-spinal degeneration
due cerebral and ventricular
arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis Cerebral Was there an autopsy? No

23. 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) A. L. Canby, M. D.(Address) Atlanta Mo!

STATEMENT BY LICENSED EMBALMER

I, Albert Skinner, Licensed Embalmer No. 751

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Albert Skinner

Licensed Embalmer No. 751

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)