

MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Pemiscot
Township Holland
City Holland (No. 210)

Registration District No. 656
Primary Registration District No. 6281

File No. 7407
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Balij Boy Baugher
(a) Residence, No. Holland St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chad G. Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 9 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

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

FATHER 13. NAME W. J. Baugher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mattie U-K

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT W. J. Baugher
(ADDRESS) Holland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Northville, Ark DATE 3/3/38

19. UNDERTAKER Cobb Undertaking Co., Inc.
(ADDRESS) Northville, Ark

20. FILED 2-17 1939 T. J. Baugher
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9 1938

22. I HEREBY CERTIFY That I attended deceased from 8:50 to 6:07 1938
I last saw him alive on 6-6 1938. Death is said to have occurred on the date stated above, 7:30 a.m.

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

Colitis Date of onset _____

Other contributory causes of importance: Feathering

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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? yes

If so, specify _____

(Signed) T. J. Baugher, M. D.

(Address) Holland Mo

