

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

Do not use this space.

21

1920

1. PLACE OF DEATH *Barry*
 5 County Registration District No. *31*
 Township *Purdy* Primary Registration District No. *4022*
 City (No. *5022*) St. Ward)

2. FULL NAME *Amenda M. Baugher* 260
 (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 *7* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Henry Baugher*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 31 - 1847*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *retired house*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *work*

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) *Marshall, Co. Indiana*

13. NAME *A. C. Taylor*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

15. MAIDEN NAME *Delila Green*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

17. INFORMANT *Mrs. Pickney Henderson* (ADDRESS) *Purdy, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Fauna Cemetery* DATE *Jan. 16 1938*

19. UNDERTAKER *Blankenship* (ADDRESS) *Purdy & Marshall*

20. FILED *Jan 25 1938* *Donald Blankenship* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 12 1938*

22. I HEREBY CERTIFY That I attended deceased from 19... to *Jan 12 1938*

I last saw her alive on *Jan 12 1938* Death is said to have occurred on the date stated above, at *11:15 P.M.*

The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset

Other contributory causes of importance:
Advanced Age

1070

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 MO. STATE BOARD OF HEALTH

Name of occupation Date of
 What was confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *FEB 21 1938* Date of injury 19...
 Where did injury occur?
 Specify (Specify city or town, county, and State) *Bureau of Vital Statistics*
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) *B. B. Kelly* M. D.
 (Address) *Purdy Mo.*

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.

