

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.

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

Do not use this space.

41653

1. PLACE OF DEATH

County Morgan  
Township McClure  
City (No. )

Registration District No. 953  
Primary Registration District No. 5797-B

File No. \_\_\_\_\_  
Registered No. # 10 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Andrew Jackson Baughman  
(a) Residence, No. \_\_\_\_\_ 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

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie E. Adkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31-1877  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 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) (STATE OR COUNTRY) Morgan Co

13. NAME John Baughman  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Lucinda McDaniel  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Geo. M. Kelly, Lt. Col. 2nd

18. BURIAL, CREMATION, OR REMOVAL PLACE Waukegan Cem DATE Dec 15 1931

19. UNDERTAKER (ADDRESS) W. F. Kidwell, 2nd

20. FILED Dec 15 1931 Julius H. Cooper Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1931  
22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1931, to Dec 14 1931  
Last saw him alive on Dec 14 1931. Death is said to have occurred on the date stated above, at 9 A. m.  
The principal cause of death and related causes of importance were as follows:

Typhoid fever  
108  
Other contributory causes of importance: Pneumonia free  
Date of onset Dec 13 1931

Name of operation \_\_\_\_\_ 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? no  
If so, specify \_\_\_\_\_  
(Signed) G. S. Wilson, M. D.  
(Address) 4. Astoria

