

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

Do not use this space.

27711

1. PLACE OF DEATH

County Carroll Registration District No. 135
Township Holler Primary Registration District No. 3070
City (No. 0792) St. _____ Ward _____

File No. _____
Registered No. 83

2. FULL NAME Unnamed Infant of Clarence F Baggs

(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 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 _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 11 hrs. or _____ min.

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. _____
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) Carroll County Missouri

13. NAME Clarence F Baggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Missouri

15. MAIDEN NAME Mamie A Harper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Missouri

17. INFORMANT Clarence F Baggs
(ADDRESS) Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cemetery DATE Aug. 28, 1931

19. UNDERTAKER Willis Funeral Home
(ADDRESS) Carrollton, Mo.

20. FILED 8-27-31 Mrs. E. E. Fairbank
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1931, to Aug. 27, 1931

I last saw him alive on Aug. 27, 1931. Death is said to have occurred on the date stated above, at 3 P. M.

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

Concussion - Brain Compression

Date of onset Aug. 26, 31

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify. (Signed) Charles S. Aufder, M. D.

(Address) Carrollton Mo.

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.

SEP 22 1931

