

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 220

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 085 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Summers Ky.
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital _____ In home _____ In community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Muhlenberg
(c) City or town Summers Ky.
(If outside city or town limits, write RURAL)

(d) State _____ (If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ year

3(a) FULL NAME James Barry Baugh

3(b) If veteran, _____ 3(c) Social Security
Name war _____ No. _____

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced Widow

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Nov 18 1949
(Month) (Day) (Year)

8. AGE: Years _____ Months 8 Days 13 If less than one day _____ min.

9. Birthplace Muhlenberg County Ky.

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Lemore Baugh

13. Birthplace Muhlenberg County Ky.

MOTHER { 14. Maiden name Ruby Lee Bugg

15. Birthplace Caldwell Co. Ky.

16(a) Informant's own signature Lemore Baugh

(b) Address Summers Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Fitzhugh Cem. Date Sept 1, 1949

18(a) Signature of funeral director H.P. Hargraves

(b) Address Lewisburg Ky.

19(a) 9-9-44 (b) Maryjorie Hargraves
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31st 1944

21. I hereby certify that I attended the deceased from Aug 24 1944
to Aug 30 1944 that I last saw h. alive on Aug 30 1944 and that death occurred on the date stated above at 1:30 P.M.

Immediate cause of death Chillsrigates

Due to Colitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 119A-XIA

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? in or about home, on farm, in industrial place in public place? _____
(Specify type of place)

While at work? _____ (Means of infection)

23. Signature E. J. Gales (M. D. or other)

Address Greenville Ky. Date signed 9-2-44

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

DELAY