

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

Do not use this space.

29447

1. PLACE OF DEATH

County Duchesne
Township 1st
City Murder (No.)

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No. 136
St. Ward

2. FULL NAME

(a) Residence. George Henry Baehr 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Married

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

Rosa Baehr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-11-1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
66 9 24 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Postmaster
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bond Co
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Jacob Baehr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs George Coakley
(Address) Mexico

15. Oct 5th, 1927 Ina S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-4 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1927, to Oct 4, 1927, that I last saw him alive on Oct 4, 1927, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis
131
1180 Gastric duration 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 1029 W
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chinua
(Signed) Dr. J. J. Kelly, M.D.

(Address) Mexico

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Lackonia 10-6- 1927

20. UNDERTAKER ADDRESS

H. A. Baehr & Son Mexico

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1924
1560
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