

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

Do not mutilate.

36523

**1. PLACE OF DEATH**

City Springfield Mo Registration District No. 318  
 Town Springfield Mo Primary Registration District No. 2001 File No. 1310  
 St. Springfield Mo Registered No. 736 (Ward)

**2. FULL NAME**

(a) Residence. No. 1520 Street West St. Springfield Mo Ward. 1  
 (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28 1885

7. AGE YEARS 70 MONTHS 7 DAYS 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pa. (STATE OR COUNTRY)

10. NAME OF FATHER Ernest L Bauer

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

12. MAIDEN NAME OF MOTHER Unknown - Muesel

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

14. INFORMANT Charles Bauer (Address) Springfield Mo

15. FILED 175 19 27 REGISTRAR Oct 10 1927

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 19 27

17. I HEREBY CERTIFY, That I attended deceased from May 1 1927, to Dec 2 1927, that I last saw him alive on Dec 2 1927, and that death occurred, on the date stated above, at 1290 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chc Myocardial degeneration

131  
 730 (duration) yrs. mos. ds.

CONTRIBUTORY Chc Nephritis (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1290 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF no WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical & laboratory (Signed) James William J M. D. Dec 4, 1927 (Address) Springfield

\*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 Catharon DATE OF BURIAL Dec 4 19 27

20. UNDERTAKER 1111 George ADDRESS Springfield Mo

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.

PERMANENT RECORD

31828

