

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

Do not use this space.

1390

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kearney Primary Registration District No. 1002 Registered No. _____
 City Keosauqua (No. 2528 City Murray) St. Keosauqua Ward 414

2. FULL NAME

Albert Baumer
 (a) Residence No. 2528 Murray St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. 6 mos. 1 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July - 29 - 18

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 6 1

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) Minister
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Switzerland

10. NAME OF FATHER Andy Baumer

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. J. F. Starr (Address) 2528 Murray

15. FILED Jan 30, 1928 REGISTRAR Wm. C. L. Foster

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 29 1927 to Jan 29 1928, that I last saw him alive on Jan 29 1928, and that death occurred, on the date stated above, at 5:30 a.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of Liver
about 12 1/2 yrs. (duration) - yrs. 2 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Biliary calculi (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. E. Hermann M.D. 1/30, 1928 (Address) Keosauqua

*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 Walter, Kans DATE OF BURIAL Feb 1, 1928

20. UNDERTAKER Wm. C. L. Foster ADDRESS Keosauqua

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.

3725 Ind.

Wab. 5506

1-14 x Walnut

Baltimore 200

1-5:pm