2 5 1928

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

Do not use this space.

9643

1. PLACE OF DEATH

County Lewis — Registration District No. 477 — File No. ....

Township .... — Primary Registration District No. 4286 — Registered No. 14

City Canton (No. .... St. .... Ward)

2. FULL NAME Conrad Bauer

(a) Residence. No. .... St., ... Ward. .... (If nonresident give city or town and State)
(Usual place of abode)

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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	81	8	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

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

PARENTS

10. NAME OF FATHER (?) Bauer

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Gustav Bauer
(Address) Canton Mo.

15. FILED 3-15 1928 H. W. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1928, to Mar 14, 1928, that I last saw him alive on Mar 12, 1928, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 82 D

Hemiplegia
Resulting Paralysis of Right Side of body.

........(duration)........yrs........mos........ds.

CONTRIBUTORY (SECONDARY) Paralysis

........(duration)........yrs........mos. 2 ds.

75 A

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF ....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? ....

(Signed) H. W. Harris, M. D

3-15, 1928 (Address) Canton Mo

*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 La Grange Mo. — DATE OF BURIAL Mar. 16 1928

20. UNDERTAKER Carl H. Buckley — ADDRESS Canton

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.