

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

Do not use this space.

12430

1. PLACE OF DEATH

County Buchanan
Township Wasson
City near Rushville (No. 5128)

Registration District No. 86

Primary Registration District No. 5128

File No. _____

Registered No. 22

St. _____ Ward _____

2. FULL NAME Iris Elaine Bauman

(a) Residence. No. _____ St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED D
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 st day, _____ hrs. or _____ min.
	<u>0</u>	<u>6</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) R.F.D. 900

(STATE OR COUNTRY) Lavannah Mo

10. NAME OF FATHER C. E. Bauman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Irving

(STATE OR COUNTRY) Kans

12. MAIDEN NAME OF MOTHER Effie Westcott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fillmore

(STATE OR COUNTRY) Mo

14. INFORMANT C. E. Bauman

(Address) Rushville Mo

15. Apr 26 1928

J. J. Gausche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 26 1928

17. I HEREBY CERTIFY That I attended deceased from Apr 19 1928 to Apr 26 1928 that I last saw him alive on Apr 25 1928, and that death occurred, on the date stated above, at 3:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
9
1.570 (duration) yrs. mos. 7 da.
CONTRIBUTORY Pertussis
(SECONDARY) (duration) yrs. mos. 3 weeks da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) A. Kelly, M. D.

(Address) St. Joseph Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lavannah Mo

DATE OF BURIAL Apr 27 1928

20. UNDERTAKER Heeman Funeral Home

ADDRESS 1208 Francis

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.

