JAN 21 1929

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

Do not use this space.

39261

1. PLACE OF DEATH

County Adair — Registration District No. 4 — File No.

Township — Primary Registration District No. 3001 — Registered No. 179

City Kirksville Mo. (No. Aso Hospital St. Ward)

2. FULL NAME Mary Bauman

(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: Female
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 Lee Ernest Bauman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/5 1898

7. AGE: Years 30 — Months 6 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Milan, (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Hagan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tomkinsville (STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Henrietta Page
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT Dwight Schoene (Address) Milan, Mo

15. FILED 12/11, 1928 C H Becker Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 – 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1928, to Dec. 11, 1928, that I last saw her alive on Dec. 11, 1928, and that death occurred, on the date stated above, at 9 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Broncho Pneumonia and Peritonitis
12 9
11 A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec. 6 - 28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Medical

(Signed) F G Bagby, M. D
12/11, 1928 (Address) Kirksville 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: Oakwood Cem Milan, Mo — DATE OF BURIAL: Dec 13 1928

20. UNDERTAKER: C A Schoene — ADDRESS: Milan, 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.

WRITE PLAINLY, WITH UNFADING INK

JUL 29 1952