

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

Do not use this space.

41209

5591

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Reno Primary Registration District No. _____
 City Hannas City (No. 53rd) Nepland St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

George Bayer
 (a) Residence. No. 53rd & Highland Ave St. 15 Ward. _____
 (Usual place of abode) South of aged (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2 June 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>1848.4</u>	<u>6</u>	<u>29</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) (STATE OR COUNTRY) Bavaria

10. NAME OF FATHER Johar Bayer

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

12. MAIDEN NAME OF MOTHER Dorothea Bayer

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

14. INFORMANT Little Sisters of the Poor St. Louis
 (Address) 53rd & Highland Ave H. C. Mo

15. FILED 12/31 1928 M. O. C. Moore REGISTRAR
West

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 28 1928 to Dec 31 1928
 that I last saw him alive on Dec 30 1928, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phemon myocardii
31 & nephritis
93rd renal (duration) _____ yrs. mos. da.

CONTRIBUTORY (SECONDARY) QWB (duration) _____ yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam & hist
 (Signed) R. Jack-Bonity, M. D.
 (Address) 1034 Apple Bldg
1/31, 1928

*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 St. Maries Cemetery DATE OF BURIAL Jan 7 1929

20. UNDERTAKER Mark Robin - 20th Linwood ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

NO. 2.

