JAN 24 1929

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

Do not use this space.

41567

1. PLACE OF DEATH
County [illegible] Registration District No. 490
Township [illegible] Primary Registration District No. 5582
City [illegible] (No. [illegible] St. Ward)
File No.
Registered No. 6

2. FULL NAME Frank G. D. Bauer.

(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. 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3 - 1882.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	46	2	16.	

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) Shelby Co
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Anthony Bauer.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Bohemia.
12. MAIDEN NAME OF MOTHER Elizabeth Pfeiffer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Detroit
(STATE OR COUNTRY) Michigan.

14. INFORMANT Mary A. Bauer
(Address) Lily Mo.

15. FILED 12-29, 1928. O. H. Dawson. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 1928.

17. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1928, to Dec. 19, 1928, that I last saw h[illegible] alive on Dec. 19, 1928, and that death occurred, on the date stated above, at 12.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Double Lobar Pneumonia.
(duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Cold
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At place of death.
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) O. H. Dawson, M. D.
12-30, 1928. (Address) Lily 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	DATE OF BURIAL
Millwood Cemetery	12-31- 1928.
20. UNDERTAKER	ADDRESS
Drummond & Scheely	Lily 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.