95

MAY 2 1929

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

Do not use this space.

12084

1. PLACE OF DEATH

County ..... Registration District No. 780 File No. .....

Township ..... Primary Registration District No. 4466 Registered No. 16

City Ste. Genevieve (No. ....., ... St. ..... Ward)

2. FULL NAME Gloria Lee Bayer

(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. 7 mos. 8 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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 1928

7. AGE: Years 0 | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Everett Bayer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ste. Genevieve
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mabel Wissel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Anna Ann Hansen
(STATE OR COUNTRY) Missouri

14. INFORMANT Everett Bayer
(Address) Ste. Genevieve Mo

15. FILED Mar 25 1929 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-25- 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1929, to Mar. 25, 1929 that I last saw her alive on 3-25-, 1929, and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza

..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. W. Lanning, M. D
3/25/, 1929 (Address) Ste Genevieve 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: Ste Genevieve Mo
DATE OF BURIAL: 3/26 1929

20. UNDERTAKER: John Basler Ste Genevieve Mo
ADDRESS

N. B.—Every item of information should be carefully supplied. AGB 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.