

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.

28 1929
104

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

Do not use this space.

26754

1. PLACE OF DEATH

County Stone

Registration District No. 843

Township Washington

Primary Registration District No. 6106

City

(No. _____)

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(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 5 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)

Single

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

X

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

June 18 - 1913

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. _____ min.

16

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farming

(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)

Texas Co Mo

10. NAME OF FATHER

William Thomas Bauman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Green Co Mo

12. MAIDEN NAME OF MOTHER

James E. Newton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Texas

14.

INFORMANT (Address)

Mr. Pearl Sutcliffe -
Galena Mo R.

15.

FILED

July 5 1929 Thos. J. McCord
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 14 1929

17.

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw him _____, alive on _____, 19____, and that death occurred, on the date stated above, at _____, _____, _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental drowning -

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH?

X DATE OF _____

20. WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) _____

M. D.

, 19____

(Address) _____

*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

Galena cemetery -

July 18 1929

20. UNDERTAKER

ADDRESS

W. L. Cray -

Galena Mo

