

OCT 28 1930

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

Do not use this space.

29043

1. PLACE OF DEATH

County Andrew Registration District No. 26  
Township South Primary Registration District No. 3000  
City Mexico Mo (No. Andrew Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 120

2. FULL NAME

Minnie Bauer  
(a) Residence. No. McArthur Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. MC MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernie Bauer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 23 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 9 25

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) Germany  
(STATE OR COUNTRY)

PARENTS  
10. NAME OF FATHER Hans Hammer  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Andrew Hospital  
(Address) Mexico Mo

15. FILED Sept 18th 1930 Ira S. Milligan REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 17 1930 to Sept 17 1930 that I last saw him alive on Sept 17 1930 and that death occurred, on the date stated above, at 6:30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diabetic Coma.  
59  
120R (duration) 5 yrs. mos. ds.  
CONTRIBUTORY, Epidemic Dysentery  
(SECONDARY) (duration) 8 yrs. mos. ds.

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? Clinical  
(Signed) Paul E. Cor M. D.  
(Address) Mexico 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 Methodist Cemetery Big Springs Mo DATE OF BURIAL Sept 1930

20. UNDERTAKER H. B. Prud'homme ADDRESS Mexico 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 FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

