OCT 28 1930

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

Do not use this space.

29165

1. PLACE OF DEATH

County: Buchanan. Registration District No.: 25

Township: Primary Registration District No.: 1001

City: St. Joseph (No. 1908 South 6 Street St. Ward)

File No.: Registered No.: 1015

2. FULL NAME Billie Baur

(a) Residence. No. 1908 So.6 St. 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	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4 ,1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	6	7	

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Joseph Baur

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Ivy Quimby

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

14. INFORMANT Joseph Baur
(Address) 1908 So.6 St.-St. Joseph Mo.

15. FILED SEP 12 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 11 19 30

17. I HEREBY CERTIFY, That I attended deceased from Viewed on ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at not stated m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dysentery
13c

(duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (SECONDARY) none
(duration) ....yrs. ....mos. ....ds.

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

O DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) B. W. Tadlock Coroner, M. D.

Sept. 12 19 30 (Address) 821 Francis

*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
Mt. Auburn Cemetery	Sept. 13 19 30
20. UNDERTAKER A. O. Siderfaden.	ADDRESS 1802 Union St.

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.