

Triplett

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County LacledeRegistration District No. 449Township LebanonPrimary Registration District No. 4267City Lebanon

(No. _____)

File No. 31692Registered No. 1675

St. _____ Ward _____

2. FULL NAME June Bauman

(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

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

May 7-1981

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

325

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lebanon Laclede Co mo

FATHER

13. NAME

Harvey W. Bauman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ill

MOTHER

15. MAIDEN NAME

Adair Heard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Laclede Co mo

17. INFORMANT (ADDRESS)

J. W. Bauman Lebanon mo

18. BURIAL, CREMATION, OR REMOVAL

Haugh Chapel Cemetery 9-3

19. UNDERTAKER (ADDRESS)

Holman & Stewart Lebanon mo

20. FILED

973

1981

J. M. Bellinger

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9/2, 1981

22. I HEREBY CERTIFY, That I attended deceased from

9/2/81, 1981, to 9/2/81, 1981I last saw him alive on 9/2/81, 1981. Death is saidto have occurred on the date stated above, at TA m.

The principal cause of death and related causes of importance were as follows:

acute intestinal infectionDate of onset 7/4/81

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1981

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. A. McCune, M. D.(Address) Lebanon 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.

OCT 4 1981

