

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.

90129193

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

Do not use this space.

33379

1. PLACE OF DEATH

County Shelby Registration District No. 929
Township Pleasant Hill Primary Registration District No. 6122
City Near Browning St. _____ Ward _____

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Estel H. Bauswell
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel O. Bauswell
7. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19, 1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 10 20
8. OCCUPATION OF DECEASED World War Veteran
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Browning
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER George Elmer Bauswell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Martha Jane Knight
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 9/19, 1931
(STATE OR COUNTRY)

14. INFORMANT Hazel O. Bauswell
(Address) Browning, Mo.

15. FILED 9-10, 1931 J. W. Kozier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 9, 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 1928 to Sept 9, 1931, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 8:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Tuberculosis
(duration) 3 yrs. 4 mos. _____ ds.
CONTRIBUTORY (SECONDARY) Pleural Effusion
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 13

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Aspiration

(Signed) Dr. H. Becker, D.O.

*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

Knifong Bros. Cem. Bul Co Mo

20. UNDERTAKER A. D. Schoene

DATE OF BURIAL Sept 10, 1931
ADDRESS Wiley, Mo.

