

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.

MAR 25 1932

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

Do not use this space.

5907

## 1. PLACE OF DEATH

95 County Ste. Genevieve  
Township Ste. Genevieve  
City..... (No. ...., St. ...., Ward)

Registration District No. 780  
Primary Registration District No. 6025

File No. ....  
Registered No. 9

## 2. FULL NAME

Francis A. Bauman

(a) Residence, No. ...., St. ...., Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 30 mos. 30 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Viox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16 1863</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>✓</u>
	DAYS <u>30</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter 29</u>	
	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) <u>Ste. Genevieve, Mo</u>		
FATHER	13. NAME <u>William Bauman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio 2</u>	
MOTHER	15. MAIDEN NAME <u>Sophia Doll</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 1A</u>	
17. INFORMANT <u>Hustace Bauman</u> (ADDRESS) <u>Ste. Genevieve Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ste. Genevieve Mo</u> DATE <u>Feb 23 1932</u>		
19. UNDERTAKER <u>John Basher</u> (ADDRESS) <u>Ste. Genevieve Mo</u>		
20. FILED <u>Feb 23, 1932</u> <u>T. W. Douglas</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said

to have occurred on the date stated above, at ..... m.

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

Found dead after missing seven days  
arteriosclerosis  
(Verdict of jury)  
97

Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....  
What test confirmed diagnosis? 5 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

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? If so, specify .....

(Signed) Geo. C. Basher, Coroner  
(Address) Ste. Genevieve Mo

