WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

7449

File No.
Registered No. 247

1. PLACE OF DEATH

County Buchanan Registration District No. 80
Township Primary Registration District No. 1001
City St. Joseph. (No. Sunnyslope Isolation Hospital. St. Ward)

2. FULL NAME Rebecca Louvina Bauer.

(a) Residence, No. 711 North 4th Street. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin Bauer.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1886.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 235
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) March 1 1932
11. Total time (years) spent in this occupation V

12. BIRTHPLACE (CITY OR TOWN) Moundsville. (STATE OR COUNTRY) West Virginia. 2

FATHER

13. NAME John L. Morgan.
14. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) West Virginia.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Unknown. 31

17. INFORMANT Edwin Bauer. (ADDRESS) 711 North 14th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Mora Cemetery DATE Mar 12 1932

19. UNDERTAKER H. O. Sidenfaden. (ADDRESS) 1802 Union Street.

20. FILED MAR 11 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1932, to March 11, 1932
I last saw h. alive on March 10, 1932. Death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	
10	
131 10 (1)	

Other contributory causes of importance: Chronic nephritis

Name of operation None Date of
What test confirmed diagnosis? Laboratory 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? No
If so, specify
(Signed) A. J. Smith, M. D.
(Address) P & S Bldg.