

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

Do not use this space.

13000

1. PLACE OF DEATH
 County Jefferson Registration District No. 470
 Township Waller Primary Registration District No. 5374
 City (No. _____) St. _____ Ward _____

2. FULL NAME Cara Bayer
 (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 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 J. B. Bayer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 - 1876

7. AGE YEARS 56 MONTHS 0 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

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) June 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mines Mo

13. NAME Frank Pashia

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Lena Bayer

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

17. INFORMANT (ADDRESS) J. B. Bayer
Waller

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Mines DATE April 22, 1932

19. UNDERTAKER Richardson - Motherhead
(ADDRESS) Wesboro Mo

20. FILED 4/20 1932 L. L. Paugley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to date, 1932
 I last saw him alive on May 1, 1932. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:
Epilepsy
 Other contributory causes of importance: (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) David Ford M. D.
 (Address) Wesboro Mo.

WRITE PLAINLY, WITH UNFADING INK. ALL PHYSICIANS should state FULLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. MAY 25 1932

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