

MAY 26 1934

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

Do not use this space.

13213

1. PLACE OF DEATH

63 County Marion
Township Johnson
City Jefferson

Registration District No. 546
Primary Registration District No. 5735

File No.
Registered No. 10
St. Ward

2. FULL NAME

Caroline Bauland

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-26-1870
7. AGE YEARS 64 MONTHS — DAYS 13 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) 1-22-1932 11. Total time (years) spent in this occupation 20

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

13. NAME Starke

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

15. MAIDEN NAME Dont Knack

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

17. INFORMANT S E Riecke (ADDRESS) Richy mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutheran Cem DATE 4-11 1932

19. UNDERTAKER W E Hochlander (ADDRESS) St James mo

20. FILED May 9 1932 Sam a. Warner Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9 1932

22. I HEREBY CERTIFY That I attended deceased from Apr 7 1932, to Apr 9 1932
I last saw her alive on Apr 7 1932. Death is said to have occurred on the date stated above, at 5:20 m.
The principal cause of death and related causes of importance were as follows:

Valvular (Mitral)
Morbid pericarditis
92
Other contributory causes of importance:
92 W D

Name of operation Date of
What test confirmed diagnosis? ✓ 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) S E Underwood M. D.
(Address) St James mo

