

OCT 25 1932

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

Do not use this space.

28967

1. PLACE OF DEATH
County Clinton Registration District No. 312
Township 1 Primary Registration District No. 4188
City King City (No. 15) St. King City Ward 15

2. FULL NAME Randall Augustus Bajer
(a) Residence, No. King City Mo. Ward. King City
(Usual place of abode)
Length of residence in city or town where death occurred 47 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

9A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah C. Bajer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1884

7. AGE YEARS 48 MONTHS 1 DAYS 21 If LESS than 1 day, hrs. min.

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

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) 1918

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Mo.

13. NAME John Bajer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo.

15. MAIDEN NAME Julia Fisher

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

17. INFORMANT (ADDRESS) Sarah C. Bajer King City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE King City Mo. DATE Sept 9 1932

19. UNDERTAKER (ADDRESS) P. S. Taggart King City Mo.

20. FILED Sept 9 1932 R. Paulite Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1932, to Sept 6, 1932
I last saw him alive on Sept 6, 1932 Death is said to have occurred on the date stated above, at 11:15 a.m.
The principal cause of death and related causes of importance were as follows:
Arterio-Sclerosis Date of onset Jan. 1930
Chronic Cholelithiasis March 1932

Other contributory causes of importance:
Chronic Cholelithiasis

Name of operation Cholecystectomy Date of Sept 6 1932
What test confirmed diagnosis? Cholecystogram Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 1932
Where did injury occur? King City Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) R. Paulite M. D.
(Address) King City Mo.

MAY 11 1942

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