

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.

41055

1. PLACE OF DEATH

80 County Pettis
 Township Snake Creek
 City (No.) St. (Ward)

Registration District No. 669
 Primary Registration District No. 6897

File No. 14
 Registered No. 14

2. FULL NAME

(a) Residence, No. Laura St. Bahner Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ferdinand Bahner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29-49

7. AGE YEARS 83 MONTHS 11 DAYS 15 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. (check)

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) Bahner, Miss Co13. NAME Carl Bruhl14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Do not know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) August Reusch

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bahner DATE Dec 16, 1932

19. UNDERTAKER (ADDRESS) A. F. Neumeyer

20. FILED Dec 16, 1932 Mrs J. L. Monroes
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 31, 1931 to Dec 14, 1932.
 I last saw him alive on before ago, 1932. Death is said to have occurred on the date stated above, at 4 A.m.

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

Chronic Myocarditis Date of onset (blank)

Found dead in bed. This

signed by order of Dr. Neusch

Other contributory causes of importance

Coronary Artery Co ①

975/ 732

Name of operation (blank) Date of (blank)

What test confirmed diagnosis (blank) Was there an autopsy? (blank)

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? (blank) Date of injury (blank), 19(blank)

Where did injury occur? (blank) (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (blank)

Nature of injury (blank)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (blank)

(Signed) E. W. Wolfson, M. D.

(Address) Smith Co. Mo.

