

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.

4325

1. PLACE OF DEATH
 100 County Scott Registration District No. 115V
 1 Township Illmo Primary Registration District No. 606V
 3 City Illmo (No. _____) St. _____ Ward _____

2. FULL NAME Raymond Sauer
 (a) Residence, No. Illmo Mo. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 28 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie M. Bailen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>80</u>	<u>11</u>	<u>18</u>	

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) St. Genevieve Mo.

MOTHER FATHER

13. NAME Joseph Sauer

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

15. MAIDEN NAME Mary Ponder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know Dont know

17. INFORMANT George D. Sauer (ADDRESS) Illmo Mo.

18. BURIAL, CREMATION, OR REMOVAL Highway cem DATE 11 12 1933

19. UNDERTAKER Bislinghoff & Hubbar (ADDRESS) Illmo Mo.

20. FILED Jan 12 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 1933 to Jan. 11 1933

I last saw him alive on Jan. 11 1933. Death is said to have occurred on the date stated above, at 4 P. m.

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

Cancer of stomach 46 B

Date of onset 1931

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis Clinical 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) G. D. Sauer, M. D.
 (Address) Illmo Mo.

