MAR 27 1933

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

Do not use this space.

5092

File No.
Registered No. 27

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Springs (No. ..... St. ..... Ward)
Registration District No. 198
Primary Registration District No. 3011

2. FULL NAME Louis Bauer
(a) Residence, No. Balls Health School & San. Ward. Omaha Neb
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	W	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E Bauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	3	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper
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) Jan 2-1933
11. Total time (years) spent in this occupation 43

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

FATHER
13. NAME Charley Bauer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary A. Kammerer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Mary E. Bauer
(ADDRESS) 5615 Military Ave Omaha, Neb.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Omaha Neb DATE 2-9 1933

19. UNDERTAKER Herbert Hogan
(ADDRESS) Excelsior Springs, Mo.

20. FILED 2-9 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1933, to Feb. 9, 1933
I last saw h. alive on Feb. 9, 1933. Death is said to have occurred on the date stated above, at 5:17 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Pernicious Anemia	Dec. 1st. 1932
Post. Flu Toxemia	

Other contributory causes of importance:
Hodgkins Disease
Ischio-rectal Abscess
Prostatitis & Hypertrophy

Name of operation Abscess lanced Date of 1-26-33.
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 No.
(Signed) W. F. Rumbaugh M.D.
(Address) Excelsior Springs, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD