

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

Do not use this space.

37647

1. PLACE OF DEATH

County St Charles  
Township Hardens  
City Dallen R (No. ✓)

Registration District No. 760  
Primary Registration District No. 76001

File No. 63  
Registered No. 63 Ward

2. FULL NAME

Naoma E. Bauman  
(a) Residence, No. Dallen mo R St. ✓ Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred — yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 9 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child  
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 Charles Co. mo.

13. NAME Ollie Bauman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co mo.

15. MAIDEN NAME Loefler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co mo.

17. INFORMANT (ADDRESS) Ollie Bauman  
Dallen mo R

18. BURIAL, CREMATION, OR REMOVAL PLACE Dallen mo. DATE 12/1 1933

19. UNDERTAKER (ADDRESS) E. Caldwell  
Dallen mo.

20. FILED 12/2 1933 E. Caldwell  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1933, to Nov. 29, 1933.  
I last saw him alive on Nov 28, 1933. Death is said to have occurred on the date stated above, at 8:30 A.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset Nov 26  
Other contributory causes of importance:  
Scarlet Fever  
Convulsions

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
If so, specify.....  
(Signed) E. P. Caldwell, M. D.  
(Address) Dallen mo.

JAN 4 1934

MISSOURI STATE BOARD OF HEALTH

