

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

Do not use this space.

38748

1. PLACE OF DEATH

County Saline Registration District No. 794
 Township Marshall Primary Registration District No. 2038
 City Marshall (No.) St. Ward)

File No.
 Registered No. 159

2. FULL NAME

Cornie Douglas Bauer
 (a) Residence, No. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred W. Bauer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 6 - 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 6 28

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.
 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) Saline Co Mo

13. NAME William J Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

15. MAIDEN NAME Mamie E. Tucker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

17. INFORMANT Fred W. Bauer (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Eden Park DATE Nov 6 1933

19. UNDERTAKER T. W. Campbell (ADDRESS) Marshall Mo

20. FILED 11/6/33 Saline Mo Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1933 to Nov 4 1933
 I last saw h. ex alive on Nov 4 1933 Death is said to have occurred on the date stated above, at 5:30 m.
 The principal cause of death and related causes of importance were as follows:

General inanition following flood
113
 Other contributory causes of importance 113

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? No
 If so, specify

(Signed) H. B. Waterman, M. D.
 (Address) Marshall 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.

