

MAR 24 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

1788-B

## 1. PLACE OF DEATH

County Lincoln Co  
 Township Monroe  
 City Monroe (No. 563)

Registration District No. 599  
 Primary Registration District No. 563

File No. 233  
 Registered No. 233  
 St. Mo Ward 1

## 2. FULL NAME

Minerva P Bauer  
 (a) Residence, No. Old Monroe Mo St. Mo Ward 1  
 (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) —  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19th 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 7 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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) Old Monroe13. NAME Clemence Bauer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Monroe Mo15. MAIDEN NAME Emma L. Bauer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dandene Mo17. INFORMANT Clemence Bauer (ADDRESS) Old Monroe Mo18. BURIAL, CREMATION, OR REMOVAL San PLACE Funeral Home DATE Jan 12th 193419. UNDERTAKER Edward Ford (ADDRESS) 35th St 14th St Monroe Mo20. FILED 1-12 19 34 Registrar J. H. H. H.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan. 4, 1934, to Jan. 10, 1934.  
 I last saw her alive on January 10, 1934. Death is said to have occurred on the date stated above, 8:11:30 a.m.

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

Pneumonia (Lobar) Date of onset 1/4/34  
108  
158  
108

Other contributory causes of importance:

Malnutrition

Name of operation Examination 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

(Sign) J. H. H. H., M. D.  
 (Address) Winfield, 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.

