

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Primary Registration District No. 1001
 City St. Joseph (No. 919 No. 2nd. St.) St. Ward

File No. 7879
 Registered No. 284

2. FULL NAME

James C. Bauerlein

(a) Residence, No. 919 No. 2nd. St. St. Ward

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Ida Bauerlein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for City of St. Joseph,

10. Date deceased last worked at this occupation (month and year) Mar. 8, 1934 11. Total time (years) spent in this occupation

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

13. NAME Michael Bauerlein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Louisa Allford

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

17. INFORMANT Mrs. T.R. Davis (ADDRESS) 1305 So. 31st. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Mar. 12, 1934

19. UNDERTAKER Walter Meicholder (ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 3-12-34 19 34 John L. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8, 1934, 19

22. I HEREBY CERTIFY, That I viewed on Mar. 9, 1934, 19, to, 19

I last saw him alive on, 19, Death is said to have occurred on the date stated above, at 7.00 P.M.

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

Chronic Myocarditis Date of onset 935

Other contributory causes of importance:

no facts

Name of operation none Date of

What test confirmed diagnosis? Chol. Hist. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury, 19

Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify James J. Roman Coronar (Signed) J.P.

(Address) 731 Faraon St. St. Joseph, 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

