NOV 15 1934

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

Do not use this space.

36382

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No.
City — (No. 1114 Central St. ...Ward)

2. FULL NAME Viola Bauman

(a) Residence, No. 40 yrs St., ...Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Fem. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 23 1846

7. AGE Years 88 Months 5 Days 13 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house-wife
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) Savannah Ga.

FATHER
13. NAME Wm Cofflet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah Ga

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Eleanor Wells (ADDRESS) 1114 Central Joplin Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Forest Park DATE 10/8/34 19

19. UNDERTAKER Mull & Lind Co (ADDRESS)

20. FILED 10-16, 1934 Ed Dennis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934, to Oct. 6, 1934, I last saw h. alive on Oct. 4, 1934, Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | |
| 10 yrs | 9/30/34 |
| 1 yr | |

Other contributory causes of importance: Senility

Name of operation no Date of
What test confirmed diagnosis? clinical 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) Hugh L. Tuff, M. D.
(Address) Joplin Mo

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

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.