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.

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

Do not use this space.

42376

1. PLACE OF DEATH Cale JAN 10 1935

County ..... Registration District No. 211

Township Marion Primary Registration District No. 5291

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 18

2. FULL NAME Julia Bandalier

(a) Residence, No. R#1 J.C. Mo. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 " 1857

7. AGE YEARS 77 MONTHS 3 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) 2 yrs ago

11. Total time (years) spent in this occupation Due Due Age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

FATHER

13. NAME Simon Bandalier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER

15. MAIDEN NAME Rosena Sauvaine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Albert Bandalier R-1 - Jefferson City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview DATE Dec. 16, 1934

19. UNDERTAKER (ADDRESS) Buescher Funeral Home Jefferson City Mo Ave

20. FILED Dec 15, 1934 429 E Capitol Ave Dr. H. T. Leach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1934 to Dec 14, 1934

I last saw her alive on Dec 14, 1934 Death is said to have occurred on the date stated above, at 2:30 P.m.

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

	Date of onset
Bronchopneumonia	Dec 10 1934

Other contributory causes of importance: Cerebral Apoplexy 2 years ago

Name of operation ..... Date of .....

What test confirmed diagnosis? Systemic 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) H. T. Leach, M. D.

(Address) Elston Mo.