

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

Do not use this space.

MAR 8 1935

6359

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township

Primary Registration District No. 3032

City Sedalia

(No. 1504)

S. Brunel

File No. 60

Registered No. 668

St.

Ward

2. FULL NAME

Infant daughter of Otto Bahner

(a) Residence, No. 1504

(Usual place of abode)

St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

1/2 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) 2/10/34

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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)

Sedalia, Mo

13. NAME

Otto Bahner

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

Pettis County Missouri

15. MAIDEN NAME

Ernestine M. Pfeiffer

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

Sedalia, Mo

17. INFORMANT (ADDRESS)

Otto Bahner Sedalia, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bahner

DATE 2-10-1935

19. UNDERTAKER (ADDRESS)

McLaughlin Bros Sedalia

20. FILED 2-11

1935

John Slack

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 10

1935

22. I HEREBY CERTIFY, That I attended deceased from

Feb 10 1935 to Feb 10 1935

I last saw him alive on Feb 10 1935 Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

Con genital dysentery (Cholera, Spina bifida) Myxomatosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of Mar

What test confirmed diagnosis? Cholera Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Feb 10 1935

Where did injury occur? At home

(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)

(Address)

Chas. M. D.

Sedalia, Mo

