

AUG 17 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23635

1. PLACE OF DEATH

County Lin.Registration District No. 502Township Marceline Mo.Primary Registration District No. 4305City Marceline Mo. (No.)File No. Registered No. 29St. Ward

2. FULL NAME

(a) Residence, No. Nancy Ester Bauman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Len Bauman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4-1853</u>		
7. AGE <u>82</u>	YEARS <u>4</u>	MONTHS <u>18</u>
DAYS <u>18</u>		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) Mo.13. NAME James Sportsman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lin. Co. Mo.15. MAIDEN NAME Sally Turpin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Robert Orsenberry (ADDRESS) Almyra, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Wynndott Cem. DATE 7-20 193519. UNDERTAKER Jas M. Lang (ADDRESS) Marceline Mo.20. FILED 7/20 1935 Oliver Barrett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 193522. I HEREBY CERTIFY that I attended deceased from June 15 1935 to July 18 1935I last saw her alive on 18 July 1935. Death is saidto have occurred on the date stated above at 6:30 p.m.

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

Emphysema

Date of onset

Other contributory cause of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? no

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? noIf so, specify (Signed) P. L. Patrick, M. D.(Address) Marceline 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.

