

JUL 27 1936

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

Do not use this space.

24066

1. PLACE OF DEATH

County St. Genevieve
Township St. Genevieve
City (No. _____) _____

Registration District No. 780
Primary Registration District No. 6025

File No. _____
Registered No. 39
St. _____ Ward _____

2. FULL NAME Joseph Bauman

(a) Residence, No. _____ St. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie B. Mac Carty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 3 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) St. Genevieve Co Missouri

FATHER 13. NAME Bernard Bauman

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Miss Theodora Bauman (ADDRESS) 2547 E. Cedar St. Davis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rivers and Church No. _____ DATE June 16 '36

19. UNDERTAKER Geo. E. Basler (ADDRESS) St. Genevieve Mo

20. FILED June 15 1936 T. W. Douglas Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1936

22. I HEREBY CERTIFY that I attended deceased from April 1936 to June 14 1936
I last saw him alive on June 13 1936 Death is said to have occurred on the date stated above, at 8:40 A.M.

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

Acute cardiac dilatation

Other contributory causes of importance:
Chronic Myocarditis
Atherosclerosis
Essential Hypertension

Name of operation none Date of _____
What test confirmed the diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in 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 M
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) O. G. G. G. G. M. D.
(Address) St. Genevieve 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.

