

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

Do not use this space.

25992

1. PLACE OF DEATH

County Call Registration District No. 213 File No. _____
 Township _____ Primary Registration District No. 3014 Registered No. 204
 City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME

George Bauerman
 (a) Residence, No. 1276 St. Louis St. _____ Ward _____
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Write the word)

5A. (MARRIED, WIDOWED, OR DIVORCED) HUSBAND OF (OR) WIFE OF Sadie Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. prop
 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) Marshall Md

MOTHER FATHER
 13. NAME David Bauerman

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

MOTHER FATHER
 15. MAIDEN NAME No information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No

17. INFORMANT (ADDRESS) Mr Jno. O'Keefe

18. BURIAL, CREMATION, OR REMOVAL buried July 11 1936

19. UNDERTAKER (ADDRESS) Wood Tavern

20. FILED 7-14-1936 Dr. Bergeford Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 9, 1936
 I last saw him alive on July 9, 1936 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:
Abuse in R. living.

Date of onset July 1 1936
 Other contributory causes of importance:
hemorrhage

Name of operation _____ of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence, fall, etc.) also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

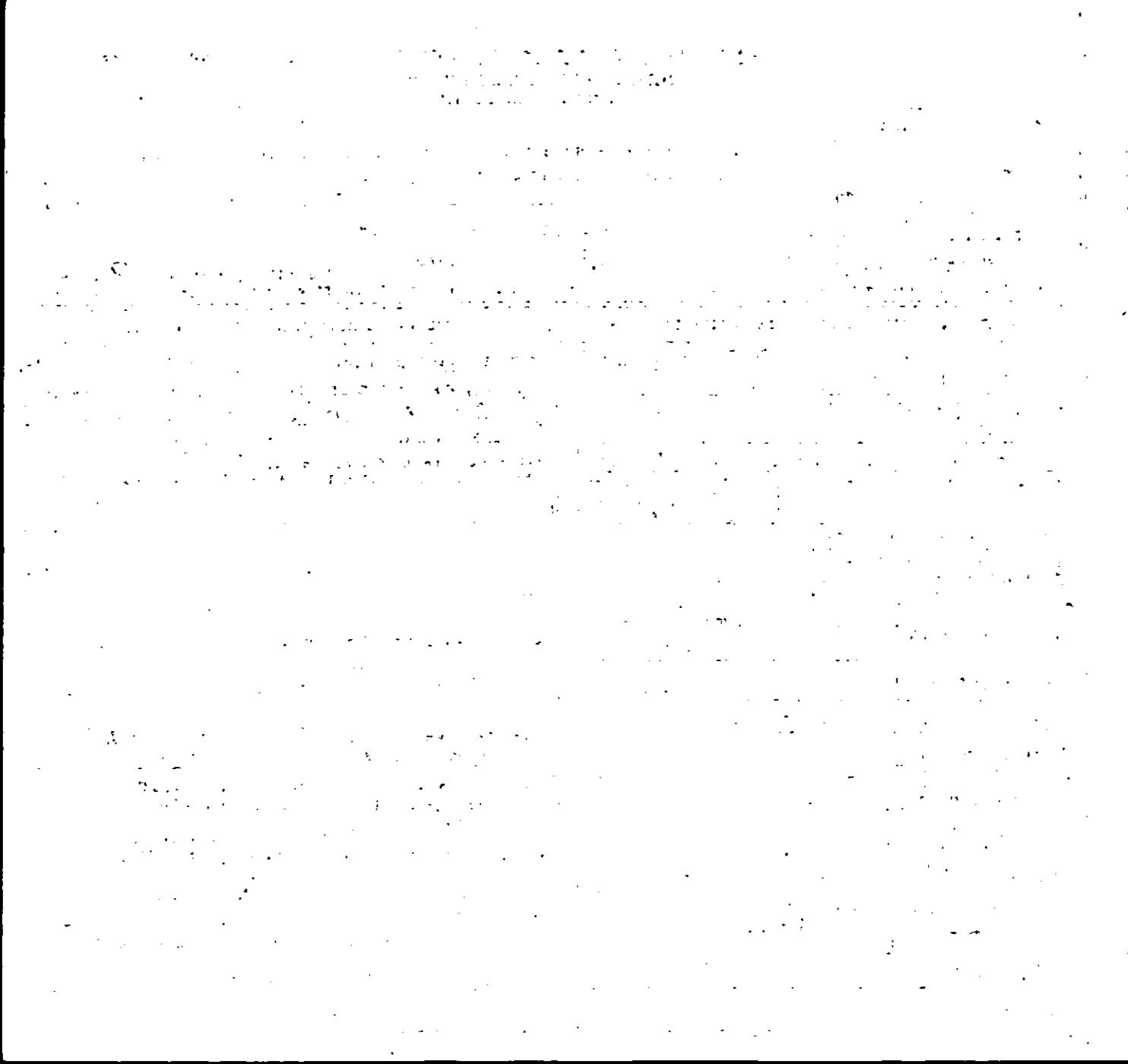
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) Mr. R. Aldrich, M. D.

(Address) Jefferson Mo



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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township Jefferson
City Jefferson (No. _____, _____ St. _____ Ward)

Registration District No. 213
Primary Registration District No. 3014

File No. _____
Registered No. 304

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs or _____ min
		<u>67</u>	<u>11</u>	<u>8</u>	
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)					
FATHER	13. NAME				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
	15. MAIDEN NAME				
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
	17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL					
PLACE _____ DATE _____ 19____					
19. UNDERTAKER (ADDRESS)					
20. FILED <u>7/14/1936</u> <u>Dr. Bradford M. D.</u> Registrar.					

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:
abscess in right lung
cause of abscess unknown

Other contributory causes of importance:
hemorrhage due to abscess

Name of operation _____ Date _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in as follows:
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) M. P. Aldridge M. D.
(Address) Jefferson city

5-25992