

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

Do not use this space.

27069

AUG 21 1936

1. PLACE OF DEATH

County Jefferson Registration District No. 420
 Township Waller Primary Registration District No. 3022
 City De Soto No. _____ St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Martha Elizabeth Bauer So 2nd St

(a) Residence, No. De Soto Mo St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

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)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Bauer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13 1864</u>				
7. AGE YEARS <u>72</u>	MONTHS <u>1</u>	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>			
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>		11. Total time (years) spent in this occupation.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1936

22. I HEREBY CERTIFY That I attended deceased from March-20, 1936, to July-4, 1936
 I last saw her alive on July 4, 1936. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Mitral Regurgitation
of heart Date of onset _____
McKannon

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? no
 If so, specify: Valvular Disease
 (Signed) J. E. Soto, M.D.
 (Address) De Soto, Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>George W M. Lee</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Trivier</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
17. INFORMANT <u>Mable Bauer</u> (ADDRESS) <u>De Soto Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>no</u> PLACE <u>K. Cemetery Farmington</u> DATE <u>July 6</u> , 19 <u>36</u>	
19. UNDERTAKER <u>Frances V. Barnhart</u> (ADDRESS) <u>Crystal City Mo.</u>	
20. FILED <u>7-6</u> , 19 <u>36</u> <u>Ed May Pendergast</u> Registry	

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.

