

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

Do not use this space.

30504

1. PLACE OF DEATH

County Franklin
 Township _____
 City Washington Mo.

Registration District No. 297
 Primary Registration District No. 3016

File No. _____
 Registered No. 77
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Sealee Mo. St. _____ Ward _____
 (Usual place of abode)

Sealee Mo.
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/9 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1936, to Aug 9 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1954

I last saw him alive on Aug 9 1936 Death is said to have occurred on the date stated above, at 11:45 a.m.

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

1	8	12	
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The principal cause of death and related causes of importance were as follows:

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 _____

Gastroenteritis Date of onset July 26

Other contributory causes of importance: 119 C

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sealee Mo

Name of operation _____ Date of _____

13. NAME Fred Bauer

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

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

15. MAIDEN NAME Laura Banken

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

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

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

17. INFORMANT (ADDRESS) Mrs Fred Bauer Sealee Mo

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cem DATE Aug 11 1936

Nature of injury _____

19. UNDERTAKER (ADDRESS) Wm H May

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

20. FILED Aug 9 1936

(Signed) J. H. May M. D.
(Address) Washington Mo

Registrar

