

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

Do not use this space.

36473

OCT 21 1936

1. PLACE OF DEATH
 County Vernon Registration District No. 895
 Township Neopha Primary Registration District No. 3039
 City Neopha (No. _____) St. _____ Ward _____

2. FULL NAME John Henry Baehr
 (a) Residence, No. 2018 Cherry St. 2 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mo 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Railway Detective
 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) Sept 19 1936 11. Total time (years) spent in this occupation 25

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo
 13. NAME John Baehr
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany not known
 15. MAIDEN NAME Caroline Mohr
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany not known

17. INFORMANT Fred Baehr
 (ADDRESS) Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL Buried Mo DATE Sept 22 1936

19. UNDERTAKER Henry General Home
 (ADDRESS) Neopha Mo

20. FILED 9/20 1936 M. Eichinger
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1936

22. I HEREBY CERTIFY, that I attended deceased from Nov 19 34 to Sept 19 1936
 I last saw him alive on Sept 19 1936. Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
Angina Pectoris
 Other contributory causes of importance:
Chronic Myocarditis 1932..

Name of operation none Date of _____
 What test confirmed diagnosis? ECG 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? No
 If so, specify _____

(Signed) [Signature] M. D.
 (Address) [Address]

Date of onset
7-19-36
Nov 19 36

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.

