

NOV 20 1936

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

Do not use this space.

36980

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township Cape Girardeau Primary Registration District No. 3009
City Cape Girardeau (No. _____) St. _____ Ward _____

File No. _____
Registered No. 373

2. FULL NAME

(a) Residence, No. Bahnert, Baby Girl Ward. Cassville Mo
(Usual place of abode) St. Francis Hospital (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1

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) Cape County Mo

13. NAME Vince Bahnert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo

15. MAIDEN NAME Agnes Penny

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Mo

17. INFORMANT Vince Bahnert (ADDRESS) Grand Ave Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope Cem Perryville Mo DATE Oct 29 1936

19. UNDERTAKER Boys Undertaking Co (ADDRESS) Cassville Mo

20. FILED 10-28-36 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

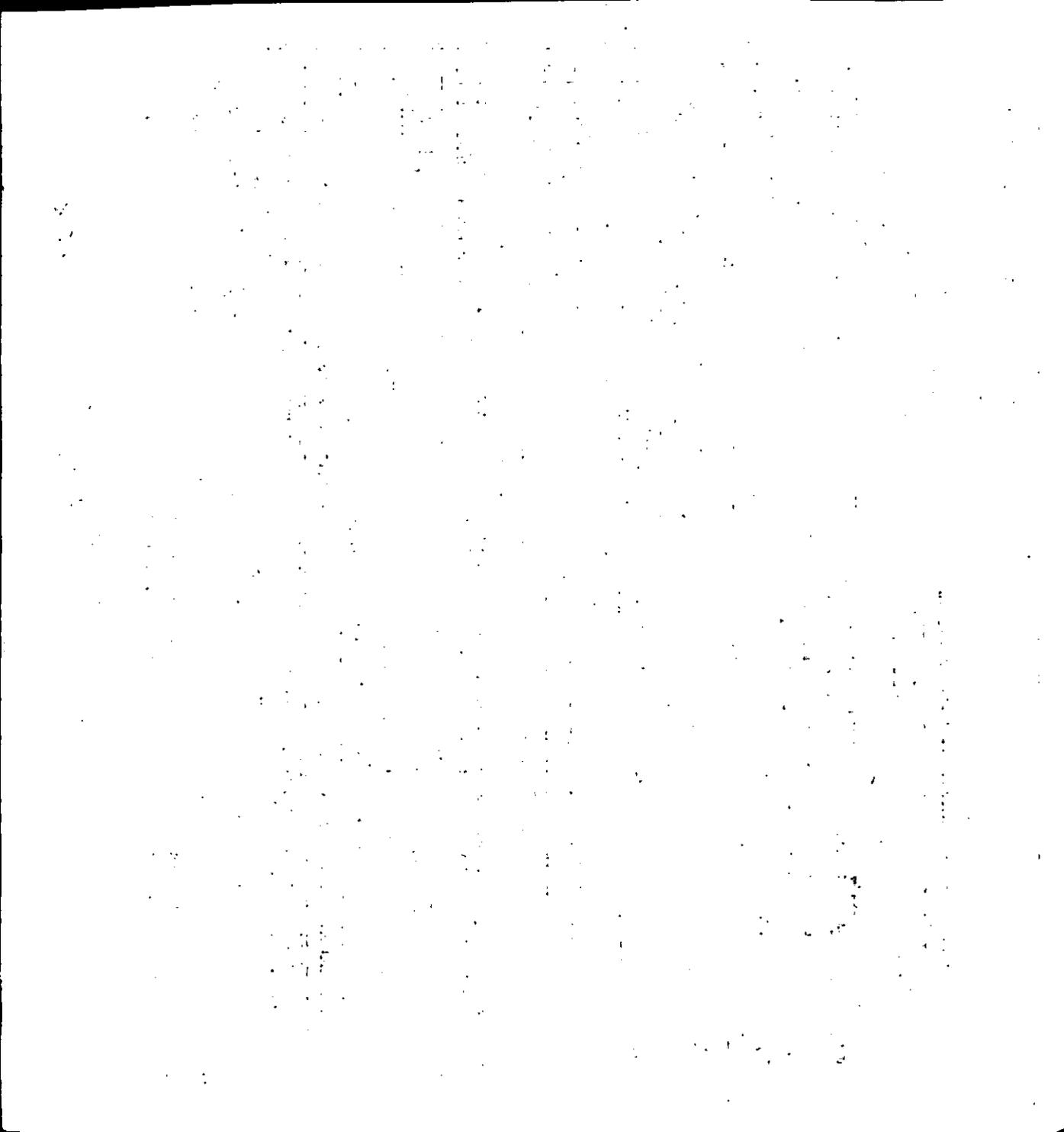
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1936 to Oct 28 1936
I last saw h.e. alive on Oct 28 1936 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:
Premature New born Date of onset 1 1/2 mo

Other contributory causes of importance
ISA

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) J. D. E. Wood, M. D.
(Address) Cape Girardeau Mo



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1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township _____ Primary Registration District No. 3009
 City Cape Girardeau (No. _____, St. _____, Ward _____)

File No. _____
 Registered No. 373

2. FULL NAME Bohnert, Baby Girl

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 - 1936

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

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) _____

MOTHER
 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 12-31-1936 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ 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:

Date of onset

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? _____
 If so, specify _____ (Signed) R. B. Elrod, M. D.
 (Address) Cape Girardeau

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