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.

NOV 27 1936

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

Do not use this space.

37366

1. PLACE OF DEATH Greene
County ..... Registration District No. 318 File No. .....
Township ..... Primary Registration District No. 2001 Registered No. 857
City Springfield (No. 1109 N. Clay Ave St. ..... Ward)

2. FULL NAME Samuel E. Baer
(a) Residence, No. 1109 N. Clay Ave 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Rose Baer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24-1858

7. AGE Years 78 Months 4 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco Offices
10. Date deceased last worked at this occupation (month and year) 8 yr ago
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER
13. NAME Fredrick Baer.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Cryer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs Eva Jones Springfield. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn Cemetery DATE Oct 12 1936

19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield. Mo.

20. FILED 10-11 1936 Chas A. George M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1936, to Oct. 9, 1936
I last saw him alive on Oct 9 1936 Death is said to have occurred on the date stated above, at 10:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	10-9-36
Other contributory causes of importance:	
Chr Degenerative Myocarditis	?
Arterio Sclerosis	?

Name of operation ✓ Date of .....
What test confirmed diagnosis? Clinical 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) Arthur D. Knabb, M. D.
(Address) 450 1/2 E. Cmil Springfield Mo.