

1961 ST 134

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City Saint Joseph (No. 718 South 11th Street) St. _____ Ward _____

File No. 11241
Registered No. 352

2. FULL NAME Mrs. Rose Baumgartner

(a) Residence, No. 718 South 11th St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 14 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --- Josiah B. Baumgartner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 5 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Bern, Kansas
(STATE OR COUNTRY)

13. NAME Jacob Blauer

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN, Switzerland
(STATE OR COUNTRY)

15. MAIDEN NAME Margaret Klossner

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN, Switzerland
(STATE OR COUNTRY)

17. INFORMANT Mrs. Darlene Crossley,
(ADDRESS) Elmhurst, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bern, Kansas DATE March 20, 1937

19. UNDERTAKER E.R. SIDENFADEN FUNERAL HOME
(ADDRESS) 602 South 10th Street

20. FILED 3/19 1937 H. Mottelbach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to March 15, 1937
I last saw h. or alive on March 15, 1937 Death is said to have occurred on the date stated above, at 7:02 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
with
23

Other contributory causes of importance: arteriosclerosis
12 or 13 years

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 _____

(Signature) Charles F. Kerner M. D.
(Address) 221 Kirkpatrick Bldg

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.

FORM 9-36
MAY 1 1937

