

APR 26 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

13078

## 1. PLACE OF DEATH

County PulaskiRegistration District No. 714File No. 3ATownship PineyPrimary Registration District No. 5943Registered No. 23City Joseph (No. 1)St. 1 Ward 1

## 2. FULL NAME

(a) Residence, No. 1St. 1 Ward 1

(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

## MEDICAL CERTIFICATE OF DEATH

## 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

Sarah E. Evans

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 10, 1866

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

7056

## OCCUPATION

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

farmer

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

0

## 10. Date deceased last worked at this occupation (month and year)

Jan 1937

## 11. Total time (years) spent in this occupation

life

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

Woodford Co., Ill.

## FATHER

## 13. NAME

Sebastian Bauer

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

U. S.

## MOTHER

## 15. MAIDEN NAME

Sarah C. Evans

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

U. S.

## 17. INFORMANT (ADDRESS)

Jack Bauer

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood City, Mo. DATE 2-18-1937

## 19. UNDERTAKER (ADDRESS)

J. L. Harris & Son

## 20. FILED

4-3-1937St. Joseph, Mo.

Registrar.

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb. 16, 193722. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1937 to Feb. 16, 1937I last saw him alive on Feb. 15, 1937 Death is saidto have occurred on the date stated above, at 1:15 P. m.

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

InfluenzaDate of onset 2-8-37

## Other contributory causes of importance:

Nephritis, InterstitialName of operation none Date of noneWhat test confirmed diagnosis? none Was there an autopsy? no

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury none, 1937Where did injury occur? 0 (Specify city or town, county, and State)

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

Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. Mallory, M. D.(Address) Cracken, Mo.

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

