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.

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Montgomery
Township Loutre
City ~~Big Spring, Mo.~~ (No. ..... St. ..... Ward)

Registration District No. 590
Primary Registration District No. 5788a

File No. 46119
Registered No. .....

2. FULL NAME Emil Bauor,
(a) Residence, No. Big Spring, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8th-1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86	1	14	

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.
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) Zurich, Switzerland.

FATHER
13. NAME Henry Bauor,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland.

MOTHER
15. MAIDEN NAME Barbara Dupp,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland.

17. INFORMANT Louis Bauer,
(ADDRESS) Hokittrick, Mo. RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Spring, Mo. DATE Dec 23rd, 1937

19. UNDERTAKER Barton Baker,
(ADDRESS) Auxvasse, Mo.

20. FILED Dec 23, 1937 Blanche Scholten
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Dec 21, 1937
I last saw him alive on Dec 21, 1937. Death is said to have occurred on the date stated above, at 5:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:
Arterial Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? General Diagnosis Was 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? .....
If so, specify .....
(Signed) H J Rickhoff, M. D.
(Address) Hermann Mo