

DEED MAR 23 1938

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

Do not use this space.

1. PLACE OF BIRTH

County *Polk*
Township *Ashley*
City (No.)

Registration District No. *683*
Primary Registration District No. *6871*

File No. *7822*
Registered No. *2*
St. Ward

2. FULL NAME

(a) Residence, No. *Margaret Leona Bauman* St. Ward. (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 *widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Joseph Baumann*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 23 1847*
7. AGE YEARS *90* MONTHS *8* DAYS *24* If LESS than day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *retired*
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) *Plankinton Co. Mo.*

13. NAME *Elijah Wilson*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

15. MAIDEN NAME *Miss Cahill*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

17. INFORMANT *Mr. Jakob Baumann*
(ADDRESS) *22 Ashley Green Mo*

18. BURIAL, CREMATION, OR REMOVAL *St. Clements Cem* DATE *2-20* 19*38*

19. UNDERTAKER *Grace Baumbach*
(ADDRESS) *22 Ashley Green Mo*

20. FILED *2-20* 19*38* *Mrs. Lysa Moore* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-17* 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *2-12* 19*38*, to *2-17* 19*38*

I last saw h. w. alive on *2-17* 19*38*. Death is said to have occurred on the date stated above, at *11 A. m.*

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

Broncho-Pneumonia Date of onset *2-15-38*

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) *T. H. Hildebrand* M. D.
Bowling Green

