

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

Do not use this space.

40550

1. PLACE OF DEATH

County Platte Registration District No. 696 File No. _____
Township _____ Primary Registration District No. 4419 Registered No. 26
City Platte City (No. _____) Church _____ St. _____ Ward _____

2. FULL NAME

George BAUMER
(a) Residence, No. Church St. _____ Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State) _____
Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 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 Emma E. Baumer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1872

7. AGE YEARS 67 MONTHS 9 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED BAR-TENDER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWN BUSINESS
10. Date deceased last worked at this occupation (month and year) 1-9-34 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

FATHER 13. NAME Joseph Baumer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER 15. MAIDEN NAME Elizabeth Bray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Emma E. Baumer Platte City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE Mar. 16, 1939

19. UNDERTAKER (ADDRESS) W.D. Sidenbinder & Son St. Joseph, Mo.

20. FILED 11-16, 1939 Mrs. Francis E. Murray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/30/39, 1939 to 11/16, 1939

I last saw h. l. alive on 11/16, 1939. Death is said to have occurred on the date stated above, at 5:30 P. am.

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

Cerebral Hemorrhage Date of onset 11/10
Carcinoma of Esophagus
Aneurysm of Aorta
AMEBIA
HYPERTENSION

Other contributory causes of importance:
ARTERIO SCLEROSIS
CHRONIC NEPHRITIS

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) [Signature] M. D.
(Address) Platte City, Mo.

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.

1239-1691

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Robert E. Harrington
#3258.