

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

Do not use this space.

2932

1. PLACE OF DEATH

County Lincoln
Township Millersburg
City Lincoln (No. 1)

Registration District No. 490
Primary Registration District No. 5657

File No. 2932
Registered No. 1 St. 1 Ward 1

2. FULL NAME

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

(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13-1866

7. AGE YEARS 73 MONTHS 8 DAYS 18 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Detroit Mich. (STATE OR COUNTRY) Mich.

13. NAME Anthony Bauer

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

15. MAIDEN NAME Elizabeth Feifer

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

17. INFORMANT (ADDRESS) J. W. Roberts Lincoln Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Millersburg DATE Jan 3 1940

19. UNDERTAKER (ADDRESS) W. R. Hammett Lincoln Mo.

20. FILED 1-9-1940 O. H. Jamison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1940 to Jan 1 1940. I last saw him alive on Jan 1 1940. Death is said to have occurred on the date stated above, at Lincoln Mo.

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

by accident of pressing to death
as found by coroner's jury.

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? Accident Date of injury Jan 1 1940

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at residence of J. W. Roberts

Manner of injury — Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) W. R. Hammett M. D.
(Address) Lincoln Mo.

135-1-1-3-1-1

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2932
Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln
(b) Township Millwood
(c) City

Registration District No. 490
Primary Registration District No. 3657

Registered No.

(d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. William Bauer
Lincoln Co. Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

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

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

7. AGE YEARS 73 MONTHS 8 DAYS 18 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-9- 1940 O.H. Dameron
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1, 1940

22. I HEREBY CERTIFY, That I attended deceased from 19...., 19....

I last saw him alive on, 19.... Death is said to have occurred on the date stated above, at m.

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

Date of onset

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) R.C. Henshaw

(Address) Old Monroe

S-2932