

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

Do not use this space.

30154

File No.
Registered No. 109

6 1927

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No.) St. Ward)

2. FULL NAME Frank Xavier Baumann

(a) Residence. No. 315 Pennsylvania St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. 18 ds. How long in U.S., if of foreign birth? 89 yrs. 10 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carolina Baumann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 2nd 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>1</u>	<u>77</u>	<u>10</u>	<u>13</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Baden Baden
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Friedrich Baumann

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER Dorh-Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14. INFORMANT L. A. O'Puhll
(Address) 23 West our arcade Kansas City Mo

15. FILED Oct. 17, 1927 Dr. E. C. Peckler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/15 1927

17. I HEREBY CERTIFY, That Frank Xavier Baumann deceased from Mal 1927 to Oct 18 1927
that I last saw him alive on Sept 1st 1927 and that death occurred, on the date stated above, at Clinton Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cystitis and
1350 old age
167 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 13318 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? — DATE OF

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Daniel A. Rogers (M. D.)
10/17, 1927 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood Cemetery DATE OF BURIAL Oct. 17 1927

20. UNDERTAKER Sims-Wilkinson & Co. ADDRESS Clinton 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.

