

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

5289

1. PLACE OF DEATH
 42.0 County Platte Registration District No. 349
 Township Liberty Primary Registration District No. 4207
 3 City Calhoun (No. _____) St. _____ Ward _____

2. FULL NAME Bobby Lee Bauder
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 yrs. 4 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 11
 St. _____ Ward _____

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>✓</u>	<u>4</u>	<u>20</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work ✓
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Calhoun
 (STATE OR COUNTRY) _____

PARENTS	10. NAME OF FATHER <u>Clifford Bauder</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Calhoun</u> (STATE OR COUNTRY) _____
	12. MAIDEN NAME OF MOTHER <u>Agnes Duval</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Calhoun</u> (STATE OR COUNTRY) _____

14. INFORMANT S.C. Bauder
 (Address) Calhoun Mo.

15. FILED Feb 9 1931 Mrs. A. A. Gray
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 29 1931, to Feb 4 1931, that I last saw him alive on Feb 4, 1931, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Infection
HB
 (duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (SECONDARY) HB
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) S. C. Bauder M. D.
 . 19 (Address) Calhoun 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 <u>Calhoun Cemetery</u>	DATE OF BURIAL <u>Feb 5 1931</u>
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20. UNDERTAKER J. A. Housey
 ADDRESS Calhoun Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11/11/11

11/11/11