

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

Do not use this space.

9302

File No. \_\_\_\_\_  
Registered No. 1557  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Henry  
Township \_\_\_\_\_  
City Clinton mo (No. \_\_\_\_\_)

Registration District No. 247  
Primary Registration District No. 3018

**2. FULL NAME**

(a) Residence, No. 605 E Jefferson St. Ward \_\_\_\_\_  
(Usual place of abode)

(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 (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Bauman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 | 7 | 11

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

13. NAME Geo Lueghammer

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Thrush

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT Mrs J. Miller (ADDRESS) Parissonville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Conglewood DATE 3/29 1933

19. UNDERTAKER Spareyson (ADDRESS) Clinton mo

20. FILED 3/29 1933 Ed C. Peeler Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1933

22. I HEREBY CERTIFY, That I attended deceased from several years 19\_\_\_\_ to March 28 1933

I last saw her alive on March 27 1933 Death is said

to have occurred on the date stated above, at 12 m.

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

Carcinoma of lip  
Onset about 6 years ago

45A 53E  
Other contributory causes of importance:

Date of onset

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) S. M. Wollen \_\_\_\_\_, M. D.

(Address) Union, 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.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

APR 21 1933

2  
3  
31

