

650 JUN 13 1939

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

Do not use this space.

1939

1. PLACE OF DEATH

County Greene Registration District No. 1124  
Township Washington Primary Registration District No. 58519  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

1000 George Bauer  
(a) Residence, No. Frederick 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annice Bauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1856

7. AGE YEARS 82 MONTHS 7 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relaxia 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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rehoboth, Mo

13. NAME John Bauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick, Mo

15. MAIDEN NAME Annice Benson Beck

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

17. INFORMANT Alvyn Bauer

18. BURIAL, CREMATION, OR REMOVAL PLACE Frederick, Mo DATE June 22 1939

19. UNDERTAKER Carl Berninger

20. FILED June 8 1939 Mrs. D. M. Beuchler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1938, to April 20 1939

I last saw him alive on April 18 1939 Death is said to have occurred on the date stated above, at 11.0 a.m.

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

Other contributory causes of importance: 121

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) J. A. Beuchler M. D.

(Address) Frederick, 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.

