

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 25File No. 5044Township St. JoePrimary Registration District No. 15Registered No. 127City St. Joe(No. M.S. Methodist Hospital)St. 1

Ward)

2. FULL NAME Dorothy Jane Bauman(a) Residence, No. 8. days 1089. N. 3

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

8 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. E. Bauman Jr.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1914

7. AGE

YEARS 22MONTHS 7DAYS 11

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) (STATE OR COUNTRY) Filmore MOFATHER 13. NAME Joe Swartz14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un knownMOTHER 15. MAIDEN NAME Jennie Kyle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasantwood MO17. INFORMANT E. E. Bauman Jr.
(ADDRESS) 1019 North Third St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE LawrenceDATE 2-4

1937

19. UNDERTAKER E. B. Breit
(ADDRESS) Lawrence MO20. FILED Feb 3 1937

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Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2 193722. I HEREBY CERTIFY, That I attended deceased from Jan 25 1937 to Feb 2 1937I last saw her alive on Feb 2 1937. Death is saidto have occurred on the date stated above, at 11:00 p.m.

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

Date of onset

Pneumonia

1937

Other contributory causes of importance:

Cerebral

Name of operation Cerebral Date of JustWhat test confirmed diagnosis? Lab. Was there an autopsy? No23. 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? NoIf so, specify Cerebral

(Signed)

Clara W. Caring M. D.(Address) 303 Redwood Blk

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

I-1728A

MAR 15 1950