

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

Do not use this space.

12480

1. PLACE OF DEATH

County Buchanan
Township Wayne
City New Rushville (No.)

Registration District No. 86
Primary Registration District No. 5128
City New Rushville Mo

File No.
Registered No. 22
St. Ward

2. FULL NAME

Lois Elaine Bauman

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

D

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

Oct 10 1927

7. AGE

YEARS 0

MONTHS 6

DAYS 12

IF LESS than 1 day, hrs. or min.

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

None

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

R.F.D. 900
Lavannah Mo

10. NAME OF FATHER

C. E. Bauman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Irby
Mo

12. MAIDEN NAME OF MOTHER

Effie Westcott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Fillmore
Mo

14.

INFORMANT C. E. Bauman
(Address) Rushville Mo

15.

Apr 26 1928
J. J. Gausche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Apr 26 1928

17.

I HEREBY CERTIFY That I attended deceased from Apr 19 1928 to Apr 26 1928 that I last saw her alive on Apr 3 1928, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

CONTRIBUTORY (SECONDARY)

1979 (duration) yrs. mos. 7 da.
Pertussis
3 weeks (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Fillmore Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) A. J. Kelly, M. D.

Apr 26, 1928 (Address) St. Joseph Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Lavannah Mo Apr 27 1928

20. UNDERTAKER

ADDRESS

Reeman Funeral Home 1208 Francis

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.

