

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

BY R.E.S. Do not use this space.

33416

1. PLACE OF DEATH
 County Jasper Registration District No. 290
 Township Sevens Primary Registration District No. 54-8
 City Senath (No. _____ St. _____ Ward _____)

2. FULL NAME Elizabeth Bauman
 (a) Residence. No. West Senath St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 76

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 3 27

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 31 1929
 17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to Oct. 31, 1929, that I last saw h. a. f. alive on Oct. 29, 1929, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS Sputum Exam
 (Signed) Ray J. Seidel, M. D.
 , 19 _____ (Address) Senath 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.

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

PARENTS
 10. NAME OF FATHER Sillman Brock
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Martha Bevel
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.
 (STATE OR COUNTRY)

14. INFORMANT L. Bauman
 (Address) Senath

15. FILED 11-1-29 H. J. Seidel REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL McGrew Cemetery
 20. UNDERTAKER McDaniel Linn Co.
 DATE OF BURIAL Nov. 1 1929
 ADDRESS Senath 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.

