

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

Do not use this space.

1. PLACE OF DEATH

County De Witt
Township Little Prairie
City (No.)

Registration District No. 651
Primary Registration District No. 3-862

File No. 29007
Registered No. 103
St. Ward

2. FULL NAME

Mrs Eualine Bauer

(a) Residence, No. 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) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 69

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

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) Aug. 1931 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Bial Bauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME D.K.

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

17. INFORMANT (ADDRESS) O. H. Bailey, Little Prairie

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 8-22-31

19. UNDERTAKER (ADDRESS) Carruthersville Mo.

20. FILED Aug. 20, 1931 Oda Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1931, to Aug 21, 1931

I last saw alive on Aug 20, 1931. Death is said to have occurred on the date stated above, at 10:45 P.M.

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

Acute Colitis

1931

Other contributory causes of importance: 120

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) O. B. Lutten, M. D.
(Address) Carruthersville Mo.

SEP 25 1931

