

CERTIFICATE OF DEATH
GEORGIA STATE BOARD OF HEALTH
 Bureau of Vital Statistics

30-33569

STATE FILE NUMBER

1 PLACE OF DEATH

State—Georgia.

County Richmond

Militia District No. _____

Registered No. 1150

City or Town Augusta

N. S. Vets. Hosp. - # 62. St. _____ Ward _____

(If death occurred in a hospital or institution, give the NAME instead of street and number).

2 FULL NAME

Harry E. Baumgartner

(a) Residence U.S. Veterans Hospital, Augusta, Ga.

(Usual place of abode, street and number)

If NON-RESIDENT give city or town and state of residence.

Length of residence in city or town where death occurred see no. 116

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 Color or Race

White

5 Single, Married, Widowed, or Divorced (write the word).

Married

16 DATE OF DEATH

(month, day and year) December 3, 1930

5a Name of Husband or Wife, if Married, Widowed or Divorced.

Not Given

17 I HEREBY CERTIFY, That I attended deceased from

Aug 9, 1930, 19 , to Dec 3, 1930, 19

6 DATE OF BIRTH (month, day and year) 10-8-98

that I last saw him alive on Dec 5, 1930, 19

7 AGE

Years 38

Months 1

Days 25

If LESS than 1 day _____ hrs. _____ min.

and that death occurred on the date stated above at 12:25 P.M.

The CAUSE OF DEATH, was as follows:

Infection from Trophic Ulcers

8 OCCUPATION

(a) Trade, Profession or particular kind of work Immigration Inspector
 (b) General nature of Industry GOV. Coast Guard
 Business or Establishment in which employed (or employer)

(duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY 1 Compression Spinal Cord

2 Psychosis Manic Depressive

(Secs/days) 1 3 1/2 mos. 2 ds.

2 (Subs.) St. DYS mos. _____ ds. _____

9 BIRTHPLACE

(State or Country) S. Pittsburg, Tenn

18 Where was disease contracted

if not at place of death? Unknown

10 NAME OF FATHER

N. S. Baumgartner.

Did an operation precede death? Yes Date of 9/11/30

Was there an autopsy? No

11 BIRTHPLACE OF FATHER

(State or Country) Berne, Switzerland

What test confirmed diagnosis? Clinical Exama

(Signed) R. W. Soper, M.D.

(Address) U.S. Vet Hospital, Augusta, Ga.

12 MAIDEN NAME OF MOTHER

Nannie Stephens

13 BIRTHPLACE OF MOTHER

(State or Country) Tennessee

14 The Above is True to the Best of My Knowledge.

(Informant) Records, U.S. Vet Hospital.

(Address) Augusta, Georgia.

19 Place of Burial, Cremation, or Removal Date of Burial

South Pittsburg, Tenn Dec 1930

15

Filed DEC 7 1930

19

Registrar H. J. ...

20 UNDERTAKER Platt's Funeral Home

Address Augusta, Georgia.

N. B.—WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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. Was death due to insidious or dangerous conditions or occupations?