AUG 16 1927

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

Do not use this space.

20831

File No.
Registered No. 139

1. PLACE OF DEATH
County Callaway
Township
City Fulton (No. St. Ward)
Registration District No. 104
Primary Registration District No. 3008

2. FULL NAME Edward Vogelsomeier
(a) Residence. No. St. Charles 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. 11 mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No information

7. AGE: Years 43 | Months No information | Days | If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

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

PARENTS

10. NAME OF FATHER No information
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) No information
12. MAIDEN NAME OF MOTHER No information
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No information

14. INFORMANT State Hospital
(Address) Fulton Mo.

15. FILED July 21, 1927 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug - 12 - 1926 to July - 20 - 1927 that I last saw h. alive on July - 20 - 1927 and that death occurred, on the date stated above, at 11:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Result of a fall from steps to side walk - Fracture of skull (Accidental)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Idiocy - unstedy, stumbling gait
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) H. Frozer, M. D.
7-21-, 1927 (Address) Fulton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Charles Mo. | DATE OF BURIAL 7/22 197

20. UNDERTAKER Hermon Taylor | ADDRESS Fulton Mo

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