

AUG 16 1927

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

Do not use this space.

21101

1. PLACE OF DEATH

County..... Franklin
Township..... Washington
City..... Washington (No.)

Registration District No. 297
Primary Registration District No. 2016

File No. 36
Registered No. 37 St. Ward)

2. FULL NAME Walter Gustav Filla

(a) Residence. No. 405 Hancock 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4th, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 5 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer

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

10. NAME OF FATHER Fred Filla

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

12. MAIDEN NAME OF MOTHER Catherine Bucholz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Franklin Co.,
(STATE OR COUNTRY) Mo.

14. INFORMANT Fred Filla,
(Address) Washington, Mo.

15. July 20, 1927 O. L. Munch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30 19 27

17. I HEREBY CERTIFY That I attended deceased from July 10, 19 27, to July 20, 19 27
and I last saw him alive on July 20, 1927, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dysentery
13c 16e
(duration)..... yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) (None)
(duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. At place of death

0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed)..... J. D. Maupin, M. D.
July 20, 1927 (Address) Washington 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 Catholic Cemetery DATE OF BURIAL July 23, 1927

20. UNDERTAKER Otto & Co. by W.H. Otto ADDRESS Washington, 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.

