

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

Do not use this space.

37163

1. PLACE OF DEATH U.S.V. Hospital

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 100

City Kansas City, Mo. (No. U.S. Veterans Hosp) St. _____ Ward _____

File No. _____

Registered No. 4988

2. FULL NAME Otto Aulbach

C-None

(a) Residence. No. 8037 Euclid Ave. Outside Ward. Pvt. Co. D. 5th Mo. Vol. Inf.

(Usual place of abode) Kansas City, Mo. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary E. Aulbach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27 18 57

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 4

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

9. BIRTHPLACE (CITY OR TOWN) Bavarian, Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Hospital Records

(Address) K 6 m w

15. FILED 12/31 27 M. M. Grove REGISTRAR
Asch

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31 19 27

17. I HEREBY CERTIFY, That I attended deceased from Dec. 31 19 27, to Dec. 31 19 27, that I last saw him alive on Dec. 31 19 27, and that death occurred, on the date stated above, at 2:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, Lobular, Bil.

CONTRIBUTOR (SECONDARY) 107A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, Unknown

18 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
17 (Signed) Henry Asch, M. D.
131 Acting Medical Officer in Charge.
(Address) _____

*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 Galaxy City DATE OF BURIAL Jan 3 19 28

20. UNDERTAKER Edwin Martens ADDRESS City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state CAREFULLY. INFORMATION should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

