

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

Do not use this space.

1. PLACE OF DEATH

County Osage
Township Clinton
City (No. _____) _____ St. _____ Ward _____

Registration District No. 639
Primary Registration District No. 3848

File No. 34602
Registered No. _____

2. FULL NAME

Carl Jacob Rau

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Elizabeth Werner

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

May 10, 1854

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>75</u>	<u>5</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(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) Germany

10. NAME OF FATHER

Peter Rau

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14. INFORMANT

(Address) Charles J. Perry
Chamolis, Mo. R.F.D.

15. FILED

11/19/29 Esther Soude
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

19

17.

I HEREBY CERTIFY, That I attended deceased from 10-7, 1929, to 10-29, 1929, that I last saw him alive on 10-29, 1929, and that death occurred, on the date stated above, at 5:10 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1) arteriosclerosis of cerebellum
2) myocarditis
93D

CONTRIBUTORY (SECONDARY)
197 (duration) yrs. mos. ds.
POB (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) W. V. M. Buckley, M. D.

. 19 _____ (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

DATE OF BURIAL

Deer Creek Cemetery 10/31/1929

20. UNDERTAKER

ADDRESS

F. A. ENGELAGE CHAMOLIS, MO.

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. Exact statement of OCCUPATION is very important.

The following table shows the results of the experiment. The first column is the iteration number, the second column is the value of the function, and the third column is the value of the derivative. The values of the function and the derivative are shown in scientific notation.

Iteration	Function Value	Derivative Value
1	1.000000e+00	0.000000e+00
2	1.000000e+00	0.000000e+00
3	1.000000e+00	0.000000e+00
4	1.000000e+00	0.000000e+00
5	1.000000e+00	0.000000e+00
6	1.000000e+00	0.000000e+00
7	1.000000e+00	0.000000e+00
8	1.000000e+00	0.000000e+00
9	1.000000e+00	0.000000e+00
10	1.000000e+00	0.000000e+00
11	1.000000e+00	0.000000e+00
12	1.000000e+00	0.000000e+00
13	1.000000e+00	0.000000e+00
14	1.000000e+00	0.000000e+00
15	1.000000e+00	0.000000e+00
16	1.000000e+00	0.000000e+00
17	1.000000e+00	0.000000e+00
18	1.000000e+00	0.000000e+00
19	1.000000e+00	0.000000e+00
20	1.000000e+00	0.000000e+00
21	1.000000e+00	0.000000e+00
22	1.000000e+00	0.000000e+00
23	1.000000e+00	0.000000e+00
24	1.000000e+00	0.000000e+00
25	1.000000e+00	0.000000e+00
26	1.000000e+00	0.000000e+00
27	1.000000e+00	0.000000e+00
28	1.000000e+00	0.000000e+00
29	1.000000e+00	0.000000e+00
30	1.000000e+00	0.000000e+00
31	1.000000e+00	0.000000e+00
32	1.000000e+00	0.000000e+00
33	1.000000e+00	0.000000e+00
34	1.000000e+00	0.000000e+00
35	1.000000e+00	0.000000e+00
36	1.000000e+00	0.000000e+00
37	1.000000e+00	0.000000e+00
38	1.000000e+00	0.000000e+00
39	1.000000e+00	0.000000e+00
40	1.000000e+00	0.000000e+00
41	1.000000e+00	0.000000e+00
42	1.000000e+00	0.000000e+00
43	1.000000e+00	0.000000e+00
44	1.000000e+00	0.000000e+00
45	1.000000e+00	0.000000e+00
46	1.000000e+00	0.000000e+00
47	1.000000e+00	0.000000e+00
48	1.000000e+00	0.000000e+00
49	1.000000e+00	0.000000e+00
50	1.000000e+00	0.000000e+00
51	1.000000e+00	0.000000e+00
52	1.000000e+00	0.000000e+00
53	1.000000e+00	0.000000e+00
54	1.000000e+00	0.000000e+00
55	1.000000e+00	0.000000e+00
56	1.000000e+00	0.000000e+00
57	1.000000e+00	0.000000e+00
58	1.000000e+00	0.000000e+00
59	1.000000e+00	0.000000e+00
60	1.000000e+00	0.000000e+00
61	1.000000e+00	0.000000e+00
62	1.000000e+00	0.000000e+00
63	1.000000e+00	0.000000e+00
64	1.000000e+00	0.000000e+00
65	1.000000e+00	0.000000e+00
66	1.000000e+00	0.000000e+00
67	1.000000e+00	0.000000e+00
68	1.000000e+00	0.000000e+00
69	1.000000e+00	0.000000e+00
70	1.000000e+00	0.000000e+00
71	1.000000e+00	0.000000e+00
72	1.000000e+00	0.000000e+00
73	1.000000e+00	0.000000e+00
74	1.000000e+00	0.000000e+00
75	1.000000e+00	0.000000e+00
76	1.000000e+00	0.000000e+00
77	1.000000e+00	0.000000e+00
78	1.000000e+00	0.000000e+00
79	1.000000e+00	0.000000e+00
80	1.000000e+00	0.000000e+00
81	1.000000e+00	0.000000e+00
82	1.000000e+00	0.000000e+00
83	1.000000e+00	0.000000e+00
84	1.000000e+00	0.000000e+00
85	1.000000e+00	0.000000e+00
86	1.000000e+00	0.000000e+00
87	1.000000e+00	0.000000e+00
88	1.000000e+00	0.000000e+00
89	1.000000e+00	0.000000e+00
90	1.000000e+00	0.000000e+00
91	1.000000e+00	0.000000e+00
92	1.000000e+00	0.000000e+00
93	1.000000e+00	0.000000e+00
94	1.000000e+00	0.000000e+00
95	1.000000e+00	0.000000e+00
96	1.000000e+00	0.000000e+00
97	1.000000e+00	0.000000e+00
98	1.000000e+00	0.000000e+00
99	1.000000e+00	0.000000e+00
100	1.000000e+00	0.000000e+00

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

10-29
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wagoner
Township Denton
City (No.)

Registration District No. 639
Primary Registration District No. 5848

File No.
Registered No.
St. Ward

2. FULL NAME

Paul Jacob Raw

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
(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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 11-1, 1929 Esther Souder REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-29-1929

17. I HEREBY CERTIFY That I attended deceased from 19 to 19 , that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) , M. D. , 19 (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 DATE OF BURIAL 19

20. UNDERTAKER ADDRESS

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

1929
- 34602