

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

Do not use this space.

72

1. PLACE OF DEATH
 County Darry Registration District No. 30 File No. _____
 Township _____ Primary Registration District No. 3003 Registered No. 3
 City Monett (No. _____) St. _____ Ward _____

2. FULL NAME Walter Auld
 (a) Residence No. 215 Myrtle St. _____ Ward _____ (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18-1890

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
39 | 0 | 23 | _____

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

9. BIRTHPLACE (CITY OR TOWN) Malden
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Auld

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

12. MAIDEN NAME OF MOTHER Don't know

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to Jan 10 1930, and that I last saw him alive on Jan 10 1930, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A Probably 6 mo
 (duration) yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) G. L. Rueschman, M. D.
 , 19 (Address) Monett 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.

14. INFORMANT Mrs Jamie Auld
 (Address) Monett Mo

15. FILED L. J. West REGISTRAR
1.13.30 W. M. West

19. PLACE OF BURIAL, CREMATION, OR REMOVAL L. O. Cemetery DATE OF BURIAL 1/13 1930

20. UNDERTAKER Callaway's ADDRESS Monett

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

239

MAR 25 1961