

JUN 25 1930

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

Do not use this space.

12282

1. PLACE OF DEATH

County Greene
Township Boonville
City Ash Grove (No. _____)

Registration District No. 316
Primary Registration District No. 4191

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Charles Paul Outcalt

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (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)

Single

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

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

3/31/1910

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 - 0 - 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None of
(b) General nature of industry, business, or establishment in which employed (or employer) Contractor
(c) Name of employer _____

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

Ash Grove Mo

10. NAME OF FATHER

Chas P Outcalt

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

Indiana

12. MAIDEN NAME OF MOTHER

Carlehoyer

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

St Charles Mo

14. INFORMANT (Address)

Chas P Outcalt
Ash Grove Mo

15. FILED

6-5, 19-30 DV Chas H Orr
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/29/30

17. I HEREBY CERTIFY, That I attended deceased from 4-2-30 to 4-19-30, and that I last saw him alive on 4-19-30, 1930, and that death occurred, on the date stated above, at 10:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Cerebral Hemorrhage

157C

82A

CONTRIBUTORY (SECONDARY) congenital malformation of heart

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Charles H. McFalls M. D.

4-28, 1930. (Address) Ash Grove 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

Ash Grove Cemetery

DATE OF BURIAL

4/21/30

20. UNDERTAKER

W. Salbrauth Ash Grove 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

