

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

Do not use this space.

30667

1. PLACE OF DEATH
 County Baldwell Registration District No. 96
 Township _____ Primary Registration District No. 4058
 City Hamilton (No. _____) St. _____ Ward _____

2. FULL NAME Sophia Kaulcy
 (a) Residence, No. _____ 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.

File No. _____
 Registered No. 81
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ross Kaulcy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 12 18 52</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>10</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Antwerp New York</u>		
FATHER	13. NAME <u>Otis Houghlon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Co. New York</u>	
MOTHER	15. MAIDEN NAME <u>Anthea Hallard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Co. New York</u>	
17. INFORMANT (ADDRESS) <u>Geo. Pauls Hamilton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New York Cemetery</u> DATE <u>Sept 23 1931</u>		
19. UNDERTAKER (ADDRESS) <u>John Houghlon Hamilton Mo.</u>		
20. FILED <u>Sept 23 19 31</u> <u>Male Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1931, to Sept 20 1931
 I last saw her alive on Sept 20 1931. Death is said to have occurred on the date stated above, at 6.00 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
12A 82A
 Date of onset 9-4-31

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. G. Baerman, M.D.
 (Address) Hamilton 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.

RECEIVED WITH UNFADING INK---THIS IS A PERMANENT RECORD

OCT 23 1931

