

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

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.

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

Do not use this space.

33769

**1. PLACE OF DEATH**

County Callaway  
Township Callaway  
City Fulton (No. \_\_\_\_\_)

Registration District No. 104  
Primary Registration District No. 3008

File No. \_\_\_\_\_  
Registered No. 221  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. State Hospital No. 1 Ward. Boonsville, Mo.  
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maderie Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>not known</u>		
7. AGE <u>46</u>	YEARS <u>?</u>	MONTHS <u>?</u>
	DAYS <u>?</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Janitor</u>		
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)		11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	13. NAME
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	15. MAIDEN NAME
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	17. INFORMANT (ADDRESS) <u>Records of State Hospital No.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Boonsville, Mo.</u> DATE <u>Oct 10 31</u>
	19. UNDERTAKER (ADDRESS) <u>Harrison-Taylor Funeral Home</u>
20. FILED <u>Oct. 10 31</u> <u>R. M. Crease</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1931 to Oct 10, 1931.  
I last saw him alive on Oct 10, 1931. Death is said to have occurred on the date stated above, at 6:30 P. m.  
The principal cause of death and related causes of importance were as follows:  
General Paralyzing Insane  
Date of onset 83  
34 83

Other contributory causes of importance:  
Syphilis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. S. Lapp, M. D.  
(Address) State Hospital No. 1 Fulton Mo.

NOV 23 1931

