

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

Do not use this space.

34816

1. PLACE OF DEATH

County Jefferson Registration District No. 421
Township Joachim Primary Registration District No. 5575
City Crystal City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 89

2. FULL NAME Walter Eugene Null

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct., 4., 1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>4</u> hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 4, 1931
22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931, to Oct 4, 1931
I last saw him alive on Oct 4, 1931. Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

Asphyxia neonatorum
1610
1610

Date of onset 10-4-31

Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) John F. Rutledge, M. D.
(Address) Crystal City, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crystal City Missouri</u>
	13. NAME <u>Dubart Null</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crystal City Missouri</u>
	15. MAIDEN NAME <u>Blanche Null</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eureka Mo</u>
17. INFORMANT (ADDRESS) <u>Dubart Null Crystal City Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Festus Mo</u> DATE <u>Oct. 5, 1931</u>	
19. UNDERTAKER (ADDRESS) <u>Duester and Vinyard Festus Mo.</u>	
20. FILED <u>10/5, 1931</u> <u>J. E. Rutledge</u> Registrar.	

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.

NOV 24 1931

