

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.

1727

1. PLACE OF DEATH
 County Macon Registration District No. 533
 Township _____ Primary Registration District No. 3027
 City Macon (No. _____) St. _____ Ward _____

2. FULL NAME Januel Kauseckle
 (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.

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) Dec 27 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo.

MOTHER FATHER

13. NAME Gale Kauseckle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo.

MOTHER

15. MAIDEN NAME Melba Mae Kauseckle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo.

17. INFORMANT (ADDRESS) Gale Kauseckle Macon Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Liberty DATE 1/2 1932

19. UNDERTAKER (ADDRESS) Robert Skirrow Macon Mo.

20. FILED 1/30 1932 Mrs. Luke Deakler Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/1 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 1, 1932.
 I last saw her alive on Jan 1 - 1932, 1932. Death is said to have occurred on the date stated above, at 6 P m.
 The principal cause of death and related causes of importance were as follows:
Failure of closing Faetal valves of heart and failure of Pulmonary circulation to be established at birth.
 Date of onset 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
 Other contributory causes of importance: 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Name of operation Salvage 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? _____ Date of injury _____, 1932
 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) E. J. Bieck, M. D.
 (Address) No. 2 1/2 S. Main St. Macon Mo.

