

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.

5670

1. PLACE OF DEATH

County.....*Pettis*
Township.....*Siddeie*
City.....*Siddeie* (No. *219 W 7*)

Registration District No. *668*
Primary Registration District No. *30.32*

File No.
Registered No. *42*
St. Ward)

2. FULL NAME

(a) Residence. No. *219 W 7* St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *P* 4. COLOR OR RACE *W* 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 7 - 1884*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 *2* *10*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Siddeie*
(STATE OR COUNTRY) *Mo*

10. NAME OF FATHER *Robert Wulff*

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

12. MAIDEN NAME OF MOTHER *Martha Wulff*

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

14. INFORMANT *M. Johnson*
(Address) *Clinton mo*

15. FILED *2-18-32* *J. L. Love*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 17 1932*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rupture of aortic aneurysm

CONTRIBUTORY (SECONDARY) *96* (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED *(5)*
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *W. S. Bishop, Coroner, M. D.*
19 (Address) *Siddeie 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 DATE OF BURIAL

St. Ger Chapel *2-18-32*

20. UNDERTAKER ADDRESS

Spillerpie *Siddeie*

