

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

Do not use this space.

**34916**

**1. PLACE OF DEATH**

County Butler Registration District No. 89  
Township Paplar Bluff Primary Registration District No. 1131  
City (No. )

File No. \_\_\_\_\_  
Registered No. 198  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2 mi. S Paplar Bluff, Mo Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
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 <u>Female</u>	4. COLOR OR RACE <u>White</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>Frank Loge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 13 - 1880</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>10</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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. _____ <u>235</u>	
	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) <u>Wayne Co Ill</u>	<u>2</u>	
FATHER	13. NAME <u>Wm J. Bailey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
MOTHER	15. MAIDEN NAME <u>Amanda Elizabeth Warren</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wayne Co Ill</u>	
17. INFORMANT <u>Frank Loge</u> (ADDRESS) <u>Paplar Bluff Mo R 4</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>City Cem.</u> DATE <u>Dec 1st</u> 19 <u>32</u>		
19. UNDERTAKER <u>N. J. Phelton</u> (ADDRESS) <u>Paplar Bluff Mo</u>		
20. FILED. <u>See</u> 19 <u>32</u> <u>J. J. Champ</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1932

22. I HEREBY CERTIFY, That I attended deceased from 1 - 1, 1932, to 11 - 29, 1932  
I last saw him alive on 11 - 29, 1932. Death is said to have occurred on the date stated above, at 2: P. m.  
The principal cause of death and related causes of importance were as follows:  
Fransuse myelitis (Date of onset 1932)  
81A  
81  
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? \_\_\_\_\_ 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) Wm H. Kuschner, M. D.  
(Address) Paplar Bluff Mo

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.

JAN 7 1933

