

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

Do not use this space.

34946

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township _____ Primary Registration District No. 8005
City Fulton (No. 4) St. _____ Ward _____

File No. _____
Registered No. 217
St. _____ Ward _____

2. FULL NAME

George Serceu (Serceu)
(a) Residence No. Boonville Mo St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 8 mos. 7 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no information

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby- 7- 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
52 9 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work mechanic 181
(b) General nature of industry, business, or establishment in which employed (or employer) 03
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookline N.Y. 2

10. NAME OF FATHER No information

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No information 51

12. MAIDEN NAME OF MOTHER No information

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No information

14. INFORMANT Hospital Records
(Address) Fulton Mo

15. Apr 14, 1932 R. N. Crease
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov- 14 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov- 10 - 1932, to Nov- 14 - 1932
that I last saw him alive on Nov- 14 - 1932, and that death occurred, on the date stated above, at 6:00 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
General Paralysis of the
Arterio and Splanchnic
incidental to a burn of depth from
contact with hot pipe (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Burn from hot water pipe
(SECONDARY) of thigh (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 181
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY? (D)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. R. Gray, M. D.
11-14-1932 (Address) Fulton State Hospital

*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 Boonville Mo DATE OF BURIAL Nov 16 1932

20. UNDERTAKER Goodman & Belle ADDRESS Boonville

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.

