

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

Do not use this space.

22824

1. PLACE OF DEATH

County Gasconade Registration District No. 303
Township Roark Primary Registration District No. 5420
City (No. St. Ward)

File No.
Registered No. 17

2. FULL NAME

Samuel Ulrich Sr.

(a) Residence, No. 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Tillie Ulrich</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8 1880</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>5</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</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.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Swiss Mo</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
15. MAIDEN NAME <u>Mary Reesling</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
17. INFORMANT (ADDRESS) <u>Christ Ulrich Hermann MO RTD</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Big Berger Cem</u> DATE <u>7/17</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Herman Blumer Berger Mo.</u>		
20. FILED <u>7-16</u> 19 <u>33</u> <u>Anna K. Rickhoff</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 - 1933
22. I HEREBY CERTIFY That I attended deceased from July 13 - 1933 to July 14 - 1933
Last saw him alive on July 13 - 1933 Death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:

Cancer of liver
H&E
1/10
Other contributory causes of importance:

Name of operation Removal gall bladder Date of 1927
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 W. J. Daughtrey
(Signed) W. J. Daughtrey, M. D.
(Address) Berger, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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