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

Do not use this space.

25583

File No.

Registered No. 45

1. PLACE OF DEATH
County Bates Registration District No. 50
Township Primary Registration District No. 3004
City Butler (No. , St. Ward)

2. FULL NAME Chester Aufmann

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1926.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
7	7	2	

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) Bates Co Missouri

FATHER
13. NAME —
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Minnie Aufmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Fred Aufmann Butler, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Aug 7 1933

19. UNDERTAKER (ADDRESS) Leslies Butler, Mo.

20. FILED 8/7 1933 Nona Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 3rd 33, to Aug 5th 33
I last saw her alive on Aug 5th 1933 Death is said to have occurred on the date stated above, at 10 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	

Other contributory causes of importance:
Puncture wound contracted from July 31st

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?
If so, specify.
(Signed) W. D. Latham, M. D.
(Address) Butler, 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.