

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

Do not use this space.

33559

1. PLACE OF DEATH

County Lawrence Registration District No. 467
Township Aurora Primary Registration District No. 4280
City Aurora (No. _____, _____ St. _____ Ward _____)

File No. _____
Registered No. 150

2. FULL NAME Unidentified

(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>?</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or, _____ min.
<u>About 62</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unknown</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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Unknown</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	17. INFORMANT <u>W. B. Guttrass, Aurora, Mo</u> (ADDRESS)			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Aurora Mo</u> DATE <u>Oct, 19</u> 19 <u>33</u>			
19. UNDERTAKER <u>King Funeral Home</u> (ADDRESS) <u>Aurora Mo</u>				
20. FILED <u>Oct 19</u> 19 <u>33</u> <u>W. B. Guttrass</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 18 1933

22. I HEREBY CERTIFY that I attended deceased from Oct 10 1933, to Oct 18 1933

I last saw h. alive on _____ A19 Death is said

to have occurred on the date stated above, at 6.45 m.

The principal cause of death and related causes of importance were as follows:

Acute uraemia Date of onset _____

510

1933

Other contributory causes of importance:

Malignancy of

Osseous

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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. B. Guttrass, M. D.

(Address) Aurora 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.

NOV 17 1933

