

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

Do not use this space.

37675

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Farmington, Mo. (No. _____)

Registration District No. 773
Primary Registration District No. 6078A

File No. _____
Registered No. 143
St. _____ Ward _____

2. FULL NAME William Ulrich

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>7</u>	<u>27</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
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) Missouri

FATHER 13. NAME Frederick Ulrich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bermany

MOTHER 15. MAIDEN NAME Christine Hilley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hospital Records

(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravesville DATE Nov. 26 1933

19. UNDERTAKER W. A. Craft (ADDRESS) Underwood

20. FILED 11-27-33 Jackson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1933 to Nov. 27, 1933

I last saw him alive on Nov. 26, 1933 Death is said

to have occurred on the date stated above, at 8 A. m.

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

Cerebral Hemorrhage Date of onset 11-26-33

Other contributory causes of importance:

Arterio Sclerosis General with ad. level some Previous Stroke

Name of operation _____ Date of _____

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

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) P. S. Tate M. D.

(Address) Hosp. #47 Farmington, 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.

