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

Do not use this space.

2146

1. PLACE OF DEATH

County **Pettis**
Township
City **Sedalia** (No. **660 E Bwdy**)

Registration District No. **664**
Primary Registration District No. **3032**

File No. **39**
Registered No. **668**
St. _____ Ward _____

2. FULL NAME **Willian Laudermann**

(a) Residence, No. **660 E Bwdy** 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 M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vashtie Laudermann				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1886				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	47	3	28	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman			
	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	

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 30/34** 19**34**

2. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Accidental death Date of onset **18th / 84**

Other contributory causes of importance:
Gun shot wound

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **ye**

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) **E. D. [Signature]** M.D.
(Address) _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
	13. NAME Geo. Laudermann
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
	15. MAIDEN NAME Lille Kitts
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT Mrs. Wm Laudermann (ADDRESS) Sedalia Mo.	
18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton Mo. DATE Feb. 1 1934	
19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia Mo.	
20. FILED 2-1-34 Jean Slack Registrar.	

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis

Registration District No. 668

File No. 2146

Township Bedalia

Primary Registration District No. 3032

Registered No. _____

City Bedalia (No. _____)

St. _____ Ward _____

2. FULL NAME

Mr. Lauderman

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.

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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL _____

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____ Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1934

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the day stated above, at _____ m.

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

Accidental death Date of onset _____

Baron's inquest -

accidental death by gun

shot at own hands.

Other contributory causes of importance:

gun shot wound

doctor says for the

to send for coroner's record

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

S-21246