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.

100M-11-24-33

SEP 14 1934

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

Do not use this space.

1. PLACE OF DEATH
County Christian — Registration District No. 181 — File No. 28659
Township Polk — Primary Registration District No. 5251 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME CAROLINE RAUCH
(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Peter Rauch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-31-1858

7. AGE: YEARS 75 — MONTHS 7 — DAYS 24 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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): Baltimore Md.

FATHER
13. NAME: Wm Winters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Elizabeth Righausen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Chas. Rauch, Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE Aug-26 1934

19. UNDERTAKER (ADDRESS): A. S. Wallace, Billings Mo.

20. FILED Aug-25 1934 F. H. Brown, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934, to Aug 24, 1934
I last saw her alive on Aug 24, 1934. Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

ACUTE UREMIA — Date of onset

134a

Other contributory causes of importance:

KIDNEY STONES

Name of operation ..... Date of .....
What test confirmed diagnosis? XRAY 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) F. H. BROWN, M. D.
(Address) Billings Mo.