

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ISOLATION HOSPITAL

Do not use this space.

34533

OCT 11 1934

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No.) Registration District No. 1003
 Primary Registration District No.

File No.
 Registered No. 9340 St. Ward)

2. FULL NAME

Kenneth Raulston
 (a) Residence, No. Salem mo. St., NR Ward. Salem, Mo.
 (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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 21-1914</u>		
7. AGE	YEARS <u>20</u>	MONTHS <u>0</u>
	DAY <u>1</u>	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. <u>Farmer</u>	
	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)	<u>Sent Co Mo</u>	
FATHER	13. NAME <u>William Raulston</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sent Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Effie Harrison</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sent Co Mo</u>	
17. INFORMANT <u>S. Kelly Grady</u> (ADDRESS) <u>5000 Arsenal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salem mo</u> DATE <u>Sept 24 1934</u>		
19. UNDERTAKER <u>Albert D. Dupp</u> (ADDRESS) <u>429 1/2 E. 1st</u>		
20. FILED <u>SEP 23 1934</u> <u>J. Bredek</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1934

22. I HEREBY CERTIFY, that I attended deceased from Sept 21, 1934 to Sept 22, 1934
 I last saw him alive on Sept 22, 1934 Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:
Meningococcus Date of onset
18 Meningitis 9-19
107A
 Other contributory causes of importance:
Pneumonia
 Name of operation None Date of No
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury....., 19.....
 Where did injury occur? No (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 due, or related to occupation of deceased?
 If so, specify John Achenbauer, M. D.
 (Signed) (Address) ISOLATION HOSPITAL

