

MAY 25 1936

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

Do not use this space.

1. PLACE OF DEATH

County Berry
Township Brayman
City Franklin (No.)

Registration District No. 657
Primary Registration District No. 5874

File No. 16295
Registered No. 4
St. Ward

2. FULL NAME

(a) Residence, No. Franklin, Kansas
(Usual place of abode) 2000 W. Perry St., Mo. Ward.

Length of residence in city or town where death occurred 2 yrs. 11 mos. 11 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 Single

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Wisconsin

13. NAME Frank Rausse

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

15. MAIDEN NAME Mrs. Rausse

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

17. INFORMANT Mrs. Ida Adams
(ADDRESS) Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Peruville, Mo. DATE 4-16- 1936

19. UNDERTAKER Henry J. Farnick
(ADDRESS) Peruville, Mo.

20. FILED 4-14- 1936 Adolph R. Schmidt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 - 1936

22. I HEREBY CERTIFY, That I attended deceased from December 20th 1935 to April 14th 1936

I last saw him alive on April 11th 1936 Death is said

to have occurred on the date stated above, at 12:20 P. m.
The principal cause of death and related causes of importance were as follows:

Suicide - Revolver shot Date of onset 4-14-36

Rheumatic Heart Disease 6 mos.

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury April 14, 1936

Where did injury occur? Home, Perry County, Missouri
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Self-inflicted revolver shot

Nature of injury Bullet entered skull in front of ear

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Theodore Fischer, M. D.

(Address) Altamburg, Mo.

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.

