

JUL 16 1936

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

Do not use this space.

21942  
52

1. PLACE OF DEATH

County Bates  
Township Bulla  
City Bulla

Registration District No. 50  
Primary Registration District No. 3004  
(No. Hospital)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William Frederick Englehardt

(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 Male 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 Mrs Ethel Englehardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1891

7. AGE YEARS 44 MONTHS 11 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Douglas Co. Missouri

13. NAME Wernam Englehardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lapon Germany

15. MAIDEN NAME Berta Glaser

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

17. INFORMANT (ADDRESS) Lena Skoch Bulla Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cash Hill DATE June 23, 1936

19. UNDERTAKER (ADDRESS) Calver Bulla Mo.

20. FILED June 22, 1936 Ma. C. E. Calver, Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 - 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11 - 1936, to June 21 - 1936. I last saw him alive on June 21 - 1936. Death is said to have occurred on the date stated above, at 5 a. m.. The principal cause of death and related causes of importance were as follows:

Pneumonia (General)  
Empyema  
Other contributory causes of importance: Post operative

Name of operation Appendectomy Date of 7-14-36

What test confirmed diagnosis? Abn 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? No If so, specify \_\_\_\_\_

(Signed) C. A. Lusk, M. D. (Address) Bulla 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.

100-117-2-2-33

