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

Do not use this space.

27435

AUG 4 1936

1. PLACE OF DEATH

County Morgan Registration District No. 953 File No.

Township Moreau Primary Registration District No. 6792-C Registered No. 9

City (No. , St. Ward)

2. FULL NAME George Au

(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, [redacted] HUSBAND OF [redacted] Mary Au.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	4	21	

OCCUPATION

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) Newark,
(STATE OR COUNTRY) New Jersey.

FATHER

13. NAME Julius Au

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mary Au
(ADDRESS) Fortuna, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Iowa
PLACE ~~Fort~~ Clinton DATE Aug 7 1936

19. UNDERTAKER Lewis E. Richards
(ADDRESS) Tipton, Missouri.

20. FILED Aug 10 1936 Julius Kaeger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1930, to July 31 1936

I last saw him alive on July 15th 1936. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

	Date of onset
Apoplexy	
8.2.1	

Other contributory causes of importance:
high blood pressure.

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) G. S. Wilson, M. D.

(Address) Fortuna Mo

a