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.

NOV 27 1936

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

Do not use this space.

37382

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 3001 — Registered No. 871
City Springfield, Mo. (No. Springfield Baptist Hosp. St. Ward)

2. FULL NAME Wilman T. Lautaret
(a) Residence, No. Monett Mo St., Ward. (If nonresident, give city or town and State)
(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.

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~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8th, 1906

7. AGE: 30 YEARS — MONTHS: 3 — DAYS: 5 — 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.
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) Monett Mo

FATHER
13. NAME D L Lautaret
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South America

MOTHER
15. MAIDEN NAME Jennie Bonous
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont Valley Stay

17. INFORMANT (ADDRESS) Mrs Jol Paul Lane Monett Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monett Mo DATE 10-15 1936

19. UNDERTAKER (ADDRESS) R M Callaway Monett Mo

20. FILED 10-14 1936 Fr. Chas A. George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13th, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ viewed body ~~or used from~~ ....., 19...., to Oct. 13, 1936
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage and Shock from injuries received in an Automobile accident	

Other contributory causes of importance:

210

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? accident Date of injury 10-13, 1936
Where did injury occur? on Highway 66 at bridge over Pickerel Creek (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
about 11 miles west of Springfield
Manner of injury auto driven into
Nature of injury bridge abutment

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W P Patterson, M. D.
(Address) Springfield, Mo.

Coroner of Greene County, Mo