

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Warren
Township Charette
City Northville (No. _____) St. _____ Ward _____

Registration District No. 884
Primary Registration District No. 6176

File No. 9256
Registered No. 4

2. FULL NAME

Billy H. Paulsmeier
(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. 1 mos. 7 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 State of Missouri

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

7. AGE 56 YEARS MONTHS — DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. formerly cabinet maker
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) Missouri13. NAME Ernst Paulsmeier14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Wilhelmine Lienenke16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co., Mo.17. INFORMANT W. H. Stumm
(ADDRESS) Northville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Chauvois Mo DATE Feb 5 193719. UNDERTAKER Fred Kistner
(ADDRESS) Northville Mo20. FILED 2/4 1937 H. C. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 193722. I HEREBY CERTIFY, That I attended deceased from Dec 27 1936 to Feb 3 1937

I last saw him alive on Feb 3 1937 Death is said to have occurred on the date stated above, at 5 P m.

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

Intermittent nephritic chronicOther contributory causes of importance: 131Invalid from Birth

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) H. C. Johnson, M. D.(Address) Northville Mo

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.

