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

JUN 23 1937

Do not use this space.

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No. 20588
Township — Primary Registration District No. 3026 — Registered No. 77
City Chillicothe, (No. ..., ... St. ..... Ward)

2. FULL NAME James Donald Uhlig

(a) Residence, No. ..... 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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: #

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 12, 1937

7. AGE: YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, 18 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): Chillicothe, Missouri

FATHER
13. NAME: Clayton Uhlig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Pearl Manning
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chillicothe, Mo

17. INFORMANT (ADDRESS): Clayton, Uhlig Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Edgewood DATE: May 14, 1937

19. UNDERTAKER (ADDRESS): F B Norman Chillicothe

20. FILED May 14, 1937 Donald McDowell Mills, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937, to May 14, 1937
I last saw him alive on May 13, 1937. Death is said to have occurred on the date stated above, at 12:10 a.m.
The principal cause of death and related causes of importance were as follows:

Premature 5½ months. — Date of onset

Other contributory causes of importance:

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Name of operation clinical 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 None

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

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.