

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

Do not use this space.

JUN 23 1937

20631

1. PLACE OF DEATH

County Madison Registration District No. 0-38
Towaship St. Michael Primary Registration District No. 0-723
City (No.) St. Ward

File No. _____
Registered No. 38 St. Ward

2. FULL NAME

Paul Henry Outhouse
(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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12, 1914</u>		
7. AGE	YEARS	MONTHS
	<u>22</u>	<u>9</u>
		DAYS
		<u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Soldier in Infantry</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>U. S. A</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Patoka Illinois</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____		
15. MAIDEN NAME <u>Josephine</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Govt records Wash D. C.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson Barracks Mo</u> DATE <u>May 12, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>at Jefferson Barracks Mo</u>		
20. FILED <u>May 16, 1937</u> <u>S. C. Slaughter</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5:10 39 to 5:10 1937
I last saw him alive on 5:10, 1937 Death is said to have occurred on the date stated above, at 2:10 m.
The principal cause of death and related causes of importance were as follows:
Basal fracture of skull with possible intra cranial hemorrhage
Date of onset _____

Other contributory causes of importance: _____

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 5:10, 1937
Where did injury occur? Fredriestown Mo on highway # 61 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Pauline H. H. H. H.
Manner of injury Auto crash accidental
Nature of injury as above stated

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. Henry Brown M. I.
(Address) Fredriestown Mo

Ray E. P. Schuman Coroner Madison Co 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.

