

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway Registration District No. 626
Township Independence Primary Registration District No. 5828
City Parnell (No. _____) St. _____ Ward _____

File No. 24454
Registered No. 1

2. FULL NAME

Terry Calvin Rauch
(a) Residence, No. _____ St. _____ Ward _____
(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-25-37
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 min.

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) Parnell Mo

13. NAME Louis C. Rauch

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

15. MAIDEN NAME Jessie M. Wilson

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

17. INFORMANT (ADDRESS) Mrs Roy Wilson Parnell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parnell DATE 6-26-37

19. UNDERTAKER (ADDRESS) A. J. Roof & Co Parnell Mo

20. FILED 6-25-37 Wallace F. Kennedy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25-1937
22. I HEREBY CERTIFY, That I attended deceased from 6-25-1937 to 6-25-1937
I last saw him alive on 6-25-1937. Death is said to have occurred on the date stated above, at 5:18 a.m.
The principal cause of death and related causes of importance were as follows:

Prematurity
6 mo gestation
Other contributory causes of importance: 159
Date of onset

Name of operation None Date of _____
What test confirmed diagnosis? chest 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) J. M. Boyles M. D.
(Address) Conception Junction Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

