

AUG 19 1937

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

Do not use this space.

26690

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

St Joseph Mo (No. State Hosp #2)

File No.

Registered No. 778

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

John EulingerMaysville Mo

D. St.

Ward.

De Kalb Co Mo

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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

Mrs John Eulinger

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

Sept 18 1854

7. AGE

YEARS

82

MONTHS

9

DAYS

21

IF LESS than 1

day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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)

1924

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

13. NAME

Unknown

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

"

15. MAIDEN NAME

Unknown

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

State Hosp #2

17. INFORMANT (ADDRESS)

FRED EULINGER
MAYSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL

WITHECHST.

DATE

7/1137

19. UNDERTAKER (ADDRESS)

H. G. INCHER,
MAYSVILLE MO

20. FILED

7-91937W. H. HITCHCOCKRegistrar.

MEDICAL CERTIFICATE OF DEATH

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

July 91937

22. I HEREBY CERTIFY that I attended deceased from

Nov 181935

to

July 91937

I last saw him alive on

July 91937

Death is said

to have occurred on the date stated above, at 11 am

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

Severe gangrene of
Right foot

Date of onset

Other contributory causes of importance:

General ArteriosclerosisName of operation Amputation of R. Leg Date of 7-8-37What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify

(Signed)

C. P. DeLong M.D.

M. D.

(Address)

State Hospital #2

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.

