

AUG 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County CallawayRegistration District No. 104

Township

Primary Registration District No. 3008City Fulton(No. State Hosp #)File No. 26832Registered No. 197

St. _____ Ward _____

2. FULL NAME Anton Hufnagel

(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

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 OFElizabeth Hufnagel

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

DK

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.61 plus

OCCUPATION

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

Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

D.K.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Austria-Hungary12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER FATHER

13. NAME

DK14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

15. MAIDEN NAME

DK16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT

Hospital Records

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kidderville, Mo DATE Aug. 7, 1937

19. UNDERTAKER

(ADDRESS)

E. E. Landis
Fulton, Missouri

20. FILED

Aug 7, 1937R. N. Crews

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/4/37, 193722. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1937 to Aug. 4, 1937I last saw him alive on Aug. 3, 1937. Death is said to have occurred on the date stated above, at 1:20 A. M.

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

Meningo-Vascular Syphilis

Date of onset

DK

Other contributory causes of importance:

Broncho-pneumonia

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO Date of injury _____, 1937

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) E. E. Landis

, M. D.

(Address) Fulton Mo.

