

## MISSOURI STATE BOARD OF HEALTH

Do not use this space.

OCT 20 1937

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Clay  
Township Fishing River  
City Excelsior Springs, Mo. (No. \_\_\_\_\_)Registration District No. 198  
Primary Registration District No. 8011File No. 142 33989  
Registered No. \_\_\_\_\_  
St. 3d (Ward)2. FULL NAME RAUBER, Albert(a) Residence, No. Veterans Administration Facility Ward. Hamilton, Missouri  
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 0 yrs. 8 mos. 18 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) Divorced5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 18937. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 1 3OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement worker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown  
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown12. BIRTHPLACE (CITY OR TOWN) Hamilton, Missouri  
(STATE OR COUNTRY)FATHER 13. NAME William Rauber14. BIRTHPLACE (CITY OR TOWN) Switzerland  
(STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Lena Marben16. BIRTHPLACE (CITY OR TOWN) Switzerland  
(STATE OR COUNTRY)17. INFORMANT Hospital Records  
(ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Hamilton, Mo. DATE 10-18-37 1919. UNDERTAKER Houghton Undertaking Co.  
(ADDRESS) Hamilton, Missouri20. FILED Oct 18 1937 Rosina T. Craker  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1937 1922. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1937, 19....., to Oct. 18, 1937, 19.....I last saw him alive on Oct. 18, 1937, 19..... Death is said to have occurred on the date stated above, at 9:35 m. a. m.  
The principal cause of death and related causes of importance were as follows:Date of onset  
Abscess of lung right ?Other contributory causes of importance:  
11/12Name 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 \_\_\_\_\_, 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_(Signed) A. H. J. DOLAN, M.D., Act. Clin. Dir. M. D.7.5. (Address) Veterans Administration Facility  
Excelsior Springs, Missouri

114B

208 S. Street

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

33989

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 198  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3011 Registered No. 142  
 (c) City Excelsior Spgs (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Albert Rumber  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Div

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Oct 18, 1937 Lorina M<sup>rs</sup> Crank Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_ to \_\_\_\_\_, 19\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

abscess of lung (right)  
not tuberculous cause unknown  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) A. J. Dolan act. dir. M. D.

(Address) Veto adms. Bldg. Excelsior Spgs Mo

SUPPLEMENTARY

114/2

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-33989