

NOV 16 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. 104File No. 37301Township FultonPrimary Registration District No. 3008Registered No. 249City Fulton

(No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)William BauschLength of residence in city or town where death occurred 0 yrs. 0 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

## 3. SEX

male

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

-

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

D.K.

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

85??

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

Laborer

## 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)

Germany

## 13. NAME

D.K.

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

D.K.

## 15. MAIDEN NAME

D.K.

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

D.K.

## 17. INFORMANT (ADDRESS)

Hospital Records  
Fulton, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Kuberville, Mo. DATE Oct 18 1937

## 19. UNDERTAKER (ADDRESS)

Jas. L. Wallace  
Fulton, Mo.

## 20. FILED

Oct. 18, 1937 R. N. Crews  
Registrar.

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

Oct 18 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

Sept 30 1937, to Oct 18 1937I last saw him alive on Oct 17 1937 Death is saidto have occurred on the date stated above, at 12 1/2 m.

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

Chronic Myocarditis with  
Cardiac insufficiency. Date of onset D.K.

Other contributory causes of importance:

Senility ABC

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? \_\_\_\_\_ 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) Jes. L. Mulley M. D.(Address) Fulton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

FATHER

MOTHER

