

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County BarryRegistration District No. 30Township MonettPrimary Registration District No. 3003City Monett (No. 1)File No. 40574Registered No. 55St. Mo. Ward

2. FULL NAME

(a) Residence No. John R. Aulgar
(Usual place of abode)St. Mo. Ward

(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 M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Ms. Susan Fanning Aulgar6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1858

7. AGE

YEARS 79MONTHS 3DAYS 27If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Retired9. 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) Warrens, Kentucky

MOTHER FATHER

13. NAME Diley Aulgar14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky15. MAIDEN NAME Sonia Kiron16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Warrens, Kentucky17. INFORMANT
(ADDRESS) Ms. J. Aulgar

18. BURIAL, CREMATION, OR REMOVAL

PLACE L.O.F.DATE 11/2919. UNDERTAKER
(ADDRESS) Calloway20. FILED 11-29-1937W. M. West
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 193722. I HEREBY CERTIFY, That I attended deceased from 11/27, 1937 to 11/27, 1937I last saw h. 11/27/37 alive on 11/27/37 1937 Death is said
to have occurred on the date stated above, at 11:55 am.

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

BronchopneumoniaDate of onset 11/27/37

Other contributory causes of importance:

ArteriosclerosisName 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 , 19Where 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? NoIf so, specify (Signed) Frank Kern, M. D.(Address) Monett, Mo

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.

