

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

 County Barry
 Township Monett
 City Monett (No. 3003)

 Registration District No. 30
 Primary Registration District No. 3003

 File No. 44591
 Registered No. 5
 St. _____ Ward _____

2. FULL NAME

 (a) Residence. John Earl Aulger
401-4th st 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

M

4. COLOR OR RACE

W

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

Married

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

Mrs Nancy Aulger

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

Jan 18/1886

7. AGE

YEARS

MONTHS

DAYS

 If LESS than 1
 day, _____ hrs.
 or _____ min.
511021

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

St. L. & S. F. Ry. Co.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Hopewell
Mo.

10. NAME OF FATHER

John R. Aulger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Paris, Mo.
Ky

12. MAIDEN NAME OF MOTHER

Dorothy James Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14. INFORMANT

(Address)

Mrs J. R. Aulger
Monett Mo

15. FILED

12-18-37W. M. West

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1937

17.

 I HEREBY CERTIFY, That I attended deceased from 11-3- 1937, to 11-9- 1937.
 that I last saw him alive on 11-9- 1937, and that
 death occurred, on the date stated above, at 2:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza11/2

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

11-9-1937 (Address)Monett Mo.
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
 (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or
 HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

L.O.O. CemeteryDec 10 1937

20. UNDERTAKER

ADDRESS

CallawayMonett

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

