Lester Harwell

REC'D MAR 22 1938

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

Do not use this space.

File No. 6231

Registered No.

1. PLACE OF DEATH

County Butler 1 Registration District No. 92

Township Ash Hill Primary Registration District No. 5134B

City Qulin (No. , St. Ward)

2. FULL NAME Paul George Wicklein 24.5

(a) Residence, No. Qulin, Mo. 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 OF Louise Wicklein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9/19/13

7. AGE: Years 24 Months 6 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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) Red Bud Ill

FATHER

13. NAME John L Wicklein

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Joe Johnson Qulin

18. BURIAL, CREMATION, OR REMOVAL PLACE Qulin DATE Qulin Cem Feb 6/19/38, 19

19. UNDERTAKER (ADDRESS) Frank Und Co Poplar Bluff, Mo.

20. FILED 3-10, 1938 Scott Coady Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5/19/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1938, to Feb. 5, 1938

I last saw h. alive on Feb. 2, 1938. Death is said to have occurred on the date stated above, at 6.30 P. M.

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

	Date of onset
Typhoid Fever	1-24-38

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify

(Signed) Lester Harwell, M. D.

(Address) Poplar Bluff, 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.