REC'D MAR 23 1938

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

Do not use this space.

7747

1. PLACE OF DEATH
County Pettis
Township
City Sedalia, Mo. (No. , St. Ward)
Registration District No. 668
Primary Registration District No. 3032
File No. ~~55~~ 53
Registered No. 668

2. FULL NAME Eugune Walker Engle 524
(a) Residence, No. 111½ So. Ohio St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/12/ 1885
7. AGE: YEARS 52 MONTHS 4 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar ber
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) 1/22/1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson, Mo. Sal ine County

FATHER
13. NAME James Hiram Engle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffal o, Mo.

MOTHER
15. MAIDEN NAME Molly Wal ker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson, Mo.

17. INFORMANT (ADDRESS) Lee Engle Nelson Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Salt Fork DATE 2/2/1938 19
19. UNDERTAKER (ADDRESS) Duane Ewing Sedalia, Mo.
20. FILED 2-2 1938 Jean Black Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/1 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1938, to 2/1 1938
I last saw him alive on Jan. 31 1938 Death is said to have occurred on the date stated above, at 5A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Oedema of Lungs | 1/30/38 |
| Myocarditis 136B | 1/24/38 |

Other contributory causes of importance:
Ruptured Urethra with Extravasation of Urine
Old Stricture of Urethra 1/24/38
Name of operation Free Drainage Urine Date of Jan 28
What test confirmed diagnosis? Clinical Was there an autopsy? No
Extravasation (required)

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) Frank B. Long M. D.
(Address) Sedalia Mo.

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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.

Dr. Long

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