

REC'D MAY 18 1938

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

14205

Do not use this space.

## 1. PLACE OF DEATH

 (a) County Callaway 1 Registration District No. 104  
 (b) Township Fulton Primary Registration District No. 3008 Registered No. 109  
 (c) City Fulton (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 0 yrs. 9 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

 (a) Residence, No. Delalia Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 Lena May Juergens  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1894  
 7. AGE YEARS 43 MONTHS 11 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printer  
 9. Industry or business in which work was done, as saw mill, bank, etc. D.K.  
 10. Date deceased last worked at this occupation (month and year) D.K. 11. Total time (years) spent in this occupation \_\_\_\_\_
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. Mo.
 FATHER 13. NAME Herman Juergens  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

 MOTHER 15. MAIDEN NAME Imogene Briggs  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT (ADDRESS) Hospital Records Fulton, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Muskogee, Okla. DATE Apr. 30/1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herndon-Taylor Furn. Fulton, Mo.20. FILED Apr 30 1938 R. W. Crews Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1938 to April 29 1938  
 I last saw h. sm. alive on April 29 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 4/21/38  
Lower Right
Other contributory causes of importance: Dementia Praecox
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Jos. R. Mulvey, M. D.  
 (Address) Fulton, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_ or by W. E. Henderson.

Registered Apprentice No. ~~###~~ 2280, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 1049

P. O. Address Fulton, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**