

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.

(36) JUL 18 1939

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

Do not use this space.

22893

1. PLACE OF DEATH

County De Witt Registration District No. 1099
Township Little River Primary Registration District No. 5868
City Wardell Mo. (No.) St. Ward) 0

2. FULL NAME

Raymond Eugene Mauser
(a) Residence, No. 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-14-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 5 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis CO. MO

FATHER 13. NAME Norman Mauser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue CO. MO

MOTHER 15. MAIDEN NAME Daisy Rambo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue CO. MO

17. INFORMANT Willard Mauser
(ADDRESS) Wardell

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell Mo DATE June 18 39

19. UNDERTAKER None
(ADDRESS) Wardell

20. FILED July 3 1939 J. Crasy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1939

I HEREBY CERTIFY that I attended deceased from June 7 1939 to June 10 1939

I last saw him alive on June 10 1939. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Colitis.

Date of onset

Other contributory causes of importance:

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? None

If so, specify.....

(Signed) J. E. Goblett, M. D.

(Address) Wardell Mo.

RECEIVED

District Health Officer No. 3,

District File Number 789-385

Date Filed 7/7/39