

C 26 1920

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

Do not use this space.

1. PLACE OF DEATH

County Levy  
Township Fulton  
City Fulton Mo

Registration District No. 104  
Primary Registration District No. 3008

File No. 36247  
Registered No. 214  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. Rauver Court (Earnest) St. \_\_\_\_\_  
(Usual place of abode)

State Hospital No 1  
(If nonresident give street and city and State)

Length of residence in city or town where death occurred yrs. - mos. - ds. How long in U.S., if of foreign birth? 10 yrs. 7 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

Housekeeper

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

44, 6 1/2

8. OCCUPATION OF DECEASED

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

Housekeeper

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT (Address)

State Hospital No 1  
Fulton Mo

15.

FILED 1920

Nov 24, 28 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 / 1928

17.

I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Nov 24, 1928

that I last saw him alive on Nov 23, 1928, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Delirium

90B

CONTRIBUTORY (SECONDARY)

Chronic Myocarditis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical & Pathology

(Signed) D. H. Young M. D.

, 19 Nov 24 State Hospital No 1

\*State the DISEASE CAUSING DEATH, or in death from UNKNOWN CAUSES, state (1) MEANS AND NATURE OF LESION, and (2) whether accidental or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Montana Lawn Cem

11-26 1928

20. UNDERTAKER

ADDRESS

Killian & Fredman California  
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.

MISSOURI STATE BOARD OF HEALTH

RECORDS AND STATISTICS SECTION

ST. LOUIS, MISSOURI

