DEC MAY 10 1938

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

Do not use this space.

41 1. PLACE OF DEATH

County Howell — Registration District No. 383 — File No. 14798

Township Chapel — Primary Registration District No. 5533 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William W. Ulrich 462

(a) Residence, No. Mountain View St. R 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy J. Albertson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1854

7. AGE: YEARS 83 — MONTHS 9 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appanoose County, Iowa

FATHER
13. NAME Casper Ulrich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Amanda Kroff 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT (ADDRESS) Otis Ulrich

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walker Chapel DATE Apr - 15 1938

19. UNDERTAKER (ADDRESS) Mrs. Mayme C. Thornburgh

20. FILED 5-4 1938 G. W. Cunningham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 - 1938, to April 13 - 1938
I last saw him alive on April 4, 1938. Death is said to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1925

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Other contributory causes of importance:

Chronic Nephritis - over 10 yrs.

Name of operation none 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?
If so, specify

(Signed) P. D. Gunn, M. D.

343 (Address) West Plains, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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