

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

Do not use this space.

7906

MAR 25 1937

1. PLACE OF DEATH

County St. Francois Registration District No. 792
Township St. Francois Primary Registration District No. 4463
City Elvins No. _____ St. _____ Ward _____

File No. 682
Registered No. _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Euthel Hausel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 - 1906

7. AGE YEARS 30 MONTHS 10 DAYS 26 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mining
9. Industry or business in which work was done, as silk reeling, saw mill, bank, etc. Lead Co
10. Date deceased last worked at this occupation (month and year) 2-6-37 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter County

FATHER 13. NAME Richard Wadlow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter County, Missouri

MOTHER 15. MAIDEN NAME Rachel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter County

17. INFORMANT Max Otto Wadlow (ADDRESS) Elvins Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Back barn DATE Feb 8 1937

19. UNDERTAKER Sparks and Co (ADDRESS) Elvins Mo

20. FILED 3-4 1937 O. G. Harrer Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-37

22. I HEREBY CERTIFY That I attended deceased By suggestion 2-7-37 1937 Death is said to have occurred on the date stated above, at 7:30 pm. The principal cause of death and related causes of importance were as follows:

Death accidentally by electrocution

Other contributory causes of importance: 103

Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury 2-6-1937

Where did injury occur? Near Elvins, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry St. Joseph Lead

Manner of injury Electrocution Nature of injury CO

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Occupational

(Signed) Charles H. Harnice (Address) St. Francois County, Flat River, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

