

PLACES OF DEATH
 County Willsboro
 Township Asbury
 Village _____

STATE OF MISSISSIPPI
 Department of State - Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. _____

NOV 8 1920

City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Augusta Lauterbach

(a) Residence (No. _____ St. Ward _____)
 (Usual place of abode.) (If non-resident 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 White 5 Single, Married, Widowed or Divorced Widowed
 (WRITE the word.)

18 DATE OF DEATH (Month, day and year) Oct 10 1920

6 If married, widowed, or divorced HUSBAND of Widowed

19 I HEREBY CERTIFY, That I attended deceased from Sept. 1917 to Oct 10, 1920
 and I last saw deceased on Oct. 10, 1920

7 DATE OF BIRTH (Month, day and year.) Sept 25 1886

20 Death occurred on the date stated above at 5⁴⁵ p.m.

8 AGE Years 64 Months 1 Days 15
 If LESS than 1 day, hrs. OR min.

21 CAUSE OF DEATH was as follows:
Carcinoma of Stomach
40

9 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)

(duration) 1 yr. 6 mo.

10 BIRTHPLACE (city or town) (State or country) Shelby Ohio

22 CONTRIBUTORY (Secondary)

11 NAME OF FATHER St. Lauterbach

23 Where was disease contracted If not at place of death?

12 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

24 Did an operation precede death? no Date of _____

13 MOTHER NAME OF OTHER Don't Know

25 Was there an autopsy? no

14 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

26 What test confirmed diagnosis? X-ray
 (signed) R. H. Beall M. D.

15 Informant Carson Lauterbach
 (Address) Pioneer, Ohio

27 Oct. 11. 1920 123, Address Pioneer, Ohio
 *State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

16 When Oct 12 1920 Registrar J. M. S. ...

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial 10-13-20

17 Oct 12 1920 Registrar

19 UNDERTAKER W. L. Voucher W. L. Voucher
Mich 1967 A

WHICH IS SUBJECT, WITH PAYING LIFE-INSURANCE, TO BE FILED IN THE BUREAU