AUG 1 6 1927

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

Do not use this space.

23916

1. PLACE OF DEATH
County Cole
Township Marion
City ..... (No. ..... St. ..... Ward)
Registration District No. 211
Primary Registration District No. 5 2 4 1
File No. .....
Registered No. .....

2. FULL NAME Bernard Hentges
(a) Residence. No. ..... St., ... Ward. Centertown Mo
(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29-1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Centertown
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Leo Hentges
11. BIRTHPLACE OF FATHER (CITY OR TOWN) J.C.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Emma Prenger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) J.C.
(STATE OR COUNTRY) Mo.

14. INFORMANT Leo Hentges
(Address) Centertown Mo.

15. FILED ....., 19.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-6-1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1927, to Aug 5, 1927, that I last saw he alive on Aug 4, 1927, and that death occurred, on the date stated above, at 12.45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Enteritis
1190
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 113B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) [signature], M.D.
8-6, 1927 (Address) Jefferson City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elston Mo.
DATE OF BURIAL 8-6 1927

20. UNDERTAKER C. P. Heinrichs
ADDRESS J.C. 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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Cole — Registration District No.: 211 — File No.:

Township: Marion — Primary Registration District No.: 5291 — Registered No.: 17

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

2. FULL NAME Bernard Hentges

(a) Residence. No. ..... St. ..... Ward. Centertown mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29-1927

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Centertown mo

PARENTS

10. NAME OF FATHER: Leo Hentges
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): J.C. mo
12. MAIDEN NAME OF MOTHER: Emma Prenger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): J.C. mo

14. INFORMANT (Address): Leo Hentges Centertown mo

15. FILED 9-14-27 19.. Dr. Frederick Aufderheide REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1927 to Aug 4, 1927 that I last saw him alive on Aug 4, 1927, and that death occurred, on the date stated above, at 12:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute Interitis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. B. Jose, M. D
8-6, 1927 (Address) Jefferson City mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Elston mo — DATE OF BURIAL: 8-6 1927

20. UNDERTAKER: C. P. Heinrichs — ADDRESS: J.C. mo

SUPPLEMENTARY

N.B. [illegible] is by carefully supplied. AGE should be [illegible] EXACTLY. PHYSICIAN [illegible] CAUSE OF DEATH [illegible] so that it may be properly classified. Exact statement of OCCUPATION is very important.

REG. [illegible] SHALL NOT R[illegible] CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

23916