JN 4 1928

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

Do not use this space.

13915

1. PLACE OF DEATH

County Lewis — Registration District No. 480 — File No.

Township — Primary Registration District No. 4289 — Registered No. 7

City La Grange (No. ..... St. ..... Ward)

2. FULL NAME Henry Chester Bringer

(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 10th 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	5	24	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Quincy
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER John Henry Bringer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Scheffer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Frances Campbell
(Address) La Grange, Mo.

15. FILED 4/6, 1928 W. S. Ellery REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1929 to April 4th, 1928 that I last saw him alive on April 4th, 1928, and that death occurred, on the date stated above, at 1 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Disease of Heart

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pleurisy with Effusion

(duration) ..... yrs. 1 mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED La Grange Mo

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 9th 28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) N O Owens, M. D

, 19 (Address) La Grange 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	DATE OF BURIAL
La Grange	April 6 1928
20. UNDERTAKER	ADDRESS
A.A.Roberts	La Grange, 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.