

4 1928

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

Do not use this space.

19868

1. PLACE OF DEATH

County Benton
Township Williams
City City-Cole-Camp (No.)

Registration District No. 59
Primary Registration District No. 5094

File No.
Registered No. 28
St. Ward)

2. FULL NAME Fred Bahrenberg

(a) Residence No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-20-1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 4 25

8. 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).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER John Bahrenberg

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

12. MAIDEN NAME OF MOTHER Holzen

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

14. INFORMANT Mrs George Bahrns
(Address) Cole Camp Mo

15. July 2, 1928 Harry Bay
FILED REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-15 1928

17. I HEREBY CERTIFY That I attended deceased from 6-2, 1928, to 6-15, 1928 that I last saw him alive on 6-15, 1928, and that death occurred, on the date stated above, at 1:15 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Arteriosclerosis
127B
97 (duration) 20 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cholecystitis
(duration) yrs. mos. ds. 12

18. WHERE WAS DISEASE CONTRACTED? 1240
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. T. Brady, M. D.

6-16, 1928 (Address) Cole Camp Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Braursville Cemetery DATE OF BURIAL 6-16-28

20. UNDERTAKER E. S. Eickhoff ADDRESS Cole Camp Mo

K. 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.

