

22 1928

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

Do not use this space.

34049

1. PLACE OF DEATH  
 County Lafayette Registration District No. 457  
 Township Concordia Mo. Primary Registration District No. 4971  
 City Concordia Mo. (No. ....) St. .... Ward) .....

2. FULL NAME Theodore Mindrup  
 (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.

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.

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 Mary Mindrup

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-26-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 | — | 1 | — | —

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

9. BIRTHPLACE (CITY OR TOWN) Augusta  
 (STATE OR COUNTRY) St. Charles Co. Mo

10. NAME OF FATHER Henry Mindrup

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Anna F. Meyer  
 (Address) Concordia Mo

15. FILED Oct 28 1928 Kerdinand Shryman  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-27-1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 18 1928, to Oct 27 1928, and that I last saw him alive on Oct 26 1928, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cystitis of IB  
UTIB (duration) yrs. 2 mos. — ds.  
arteriosclerosis (SECONDARY) (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

20. WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) Kerdinand Shryman, M. D.  
Oct 28, 1928 (Address) Concordia 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 Ev. Bethel Cemetery DATE OF BURIAL Oct-29-1928

20. UNDERTAKER H. F. Deussing Concordia Mo. ADDRESS .....

