JAN 28 1929

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

Do not use this space.

41977

1. PLACE OF DEATH

County Perry — Registration District No. 659 — File No. 41

Township Cinque Home — Primary Registration District No. 5876 — Registered No. 41

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Joseph Behrle

(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Joseph Behrle deevd.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19 — 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	4	0	

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) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Gallear Behrle

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

12. MAIDEN NAME OF MOTHER Grace Bear

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

14. INFORMANT Fritz Behrle
(Address) Millheim Mo.

15. FILED Dec 21, 1928 Martin Moeckel
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Died before, 19..., to Medical, 19..., that I last saw h..... alive on Attention, 19..., and that death occurred, on the date stated above, at Arrived m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

132-A

8 [illegible]

(duration) 15 Minutes yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Brights Disease

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

18. WHERE WAS DISEASE CONTRACTED

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. L. Feltz, M. D

12-19, 1928 (Address) Perryville 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: Biehle Cemetary — DATE OF BURIAL: Dec. 20 1928

20. UNDERTAKER: Zoellner & Young — ADDRESS: Perryville Mo.

WRITE PLAINLY, WITH UNFADING [illegible]

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.