

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

Do not use this space.

179

PLACE OF DEATH

County Bollinger
Township Waynes
City _____ (No. _____)

Registration District No. 69
Primary Registration District No. 5-108

File No. 3
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 4 23 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wife
(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) MO

PARENTS

10. NAME OF FATHER Bornhart Wilke

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

12. MAIDEN NAME OF MOTHER Katy Bevelis

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

14. INFORMANT R. L. West
(Address) Archie MO

15. FILED 1-11-29 A. T. Kirkpatrick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1929 to Jan 10 1929
that I last saw him alive on Jan 9 1929, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108 (duration) yrs. mos. da. 8

CONTRIBUTORY (SECONDARY) Unknown
(duration) yrs. mos. da. —

18. WHERE WAS DISEASE CONTRACTED at her home
NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? NO DATE OF —

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) A. T. Kirkpatrick, M. D.

, 19 29 (Address) Archie 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

Bush Creek Cem 1-11-1929

20. UNDERTAKER ADDRESS

Oscar Loyd Archie 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.

MAR 21 1929

