

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

Do not use this space.

10028

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson (No. _____, _____ St. _____ Ward)

2. FULL NAME Mike M. Mengal

(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 Susan Mengel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-26-1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
83 8 15

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) _____
 (c) Name of employer _____

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

10. NAME OF FATHER _____
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknowen
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER _____
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY)

14. INFORMANT S. G. Bratten
 (Address) Jefferson City, Missouri

15. FILED 4-9-29 S. G. Bratten REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) mar 12 19 29

17. I HEREBY CERTIFY, That I attended deceased from mar 5, 1929, to mar 12, 1929 that I last saw h. alive on mar 12, 1929 and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial pneumonia
107 B
16%

CONTRIBUTORY Senility (duration) _____ yrs. _____ mos. _____ ds.
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) S. G. Bratten, M. D.
3-13 1929 (Address) J. C. Russ.

*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 New Hope Cem-Moniteau DATE OF BURIAL 3/14 19 29
 County, Mo

20. UNDERTAKER WYMORE-GORDON UNDERTAKING CO. ADDRESS J. C. Russ.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

26
3
2A
10
31
51

Bedford!

