

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

Do not use this space.

17237

**1. PLACE OF DEATH**

County Greene  
Township White Water  
City White Water (No. 5109)

Registration District No. 70  
Primary Registration District No. 5109

File No. 8  
Registered No. 8  
St.        Ward       

**2. FULL NAME**

(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. da. 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) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Hannah Bangert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 5 13

**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) Bell Co. Tenn.

**10. NAME OF FATHER**

Wm. Bangert

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**12. MAIDEN NAME OF MOTHER**

Catharine Thiemann

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**14.**

INFORMANT J. H. Statter  
(Address) Schuyler Springs Mo.

**15.**

FILED 5/27/29 J. H. Statter  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-28-29 19

17. I HEREBY CERTIFY, That I attended deceased from 5-27-29, 1929, to 5-28-29, 1929, that I last saw him alive on 5-28-29, 1929, and that death occurred, on the date stated above, at 11-30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
82A  
(duration) yrs. mos. 2 ds.

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.

8 DID AN OPERATION PRECEDE DEATH. DATE OF         
WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. L. Fultz M. D.  
5-29-29 (Address) Corryville 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 White Water, Presbyterian Cem. DATE OF BURIAL 5-30-1929  
20. UNDERTAKER Zoelein-Joerning Und. Co. ADDRESS Corryville Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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