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

Do not use this space.

579

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. ..... St. ..... Ward)

Registration District No. 213
Primary Registration District No. 30 17

File No. 17
Registered No.

2. FULL NAME Conrad Naegelin
(a) Residence. No. 1503 W Main St., ..... Ward. Denver Colo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11-1857-1857

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 72 | 3 | 16 | |

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) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hermann
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Conrad Naegelin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Catherine Gross
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Switzerland
(STATE OR COUNTRY)

14. INFORMANT Mrs Naegelin
(Address) 1503 W Main

15. FILED 2/9, 1930 S V Bedford REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1929, to Jan 17, 1930, that I last saw h. 1 m alive on Jan 14, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
acute dilatation of Heart / dilatation
Nephritis (duration) 1 yrs. Hours
CONTRIBUTORY (SECONDARY) Endocarditis Ayer Minutes
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 131
IF NOT AT PLACE OF DEATH 92B
DID AN OPERATION PRECEDE DEATH? No DATE OF 95B
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis Stethoscope
(Signed) J G Bruce M. D.
, 19 (Address) Jefferson City 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 Hermann Mo
DATE OF BURIAL Jan 22 1930

20. UNDERTAKER Hansen Tanner
ADDRESS JC 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.