

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.

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

Do not use this space.

MAY 27 1930

13309

1. PLACE OF DEATH

County Marion  
Township Boone  
City Boone (No. \_\_\_\_\_)

Registration District No. 543  
Primary Registration District No. 5734

File No. X  
Registered No. X  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Louis Julius Jurgens

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Launa Jurgens</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>5-10-1886</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>11</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer 130</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>10</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Louis Jurgens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Caroline Wenzel

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

14. INFORMANT Launa Jurgens  
(Address) Boone Mo

15. FILED April 15 1930 Emma Curtman  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 10 1930 to Apr 12 1930 that I last saw him alive on Apr 11 1930 and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Hypertension  
Light Diffuse Nephritis  
"Bright's disease"  
(duration) yrs. 1 mos. 30 ds.

CONTRIBUTORY (SECONDARY) 12 9 B  
(duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH Colorado

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) St. Sebastian M. D.  
4/13 1930 (Address) Mo 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 Grison DATE OF BURIAL 12 14 30

20. UNDERTAKER Fred W. Gilkey ADDRESS Dixon Mo

