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

Do not use this space.

39163

JAN 19 1931

1. PLACE OF DEATH
County Grundy — Registration District No. 330 — File No.
Township — Primary Registration District No. 3017 — Registered No.
City Trenton (No. Wright Hospital St. Ward)

2. FULL NAME Howard Garner Berneking
(a) Residence. No. 214 West 14th 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6, 1919

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
11	10	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Centerville Ia
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Chris C. Berneking
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nina Garner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs Chris R. Berneking
(Address) 214 West 14th Trenton

15. FILED Dec 18, 1930 E. A. Duffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

17. I HEREBY CERTIFY, That I attended deceased from 9 Dec, 1930, to 16 Dec, 1930 that I last saw him alive on 16 Dec, 1930, and that death occurred, on the date stated above, at 5 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
1210
129
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Acute Gangrenous Appendicitis (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 10, 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. A. Duffy, M. D
18 Dec 1930 (Address) Trenton 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: Maple Grove Cem.
DATE OF BURIAL: Dec 18 1930

20. UNDERTAKER: Lipsons
ADDRESS: Trenton 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.