

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.

1. PLACE OF DEATH

County GRAND
Township BOEUF
City CONRAD (No. ERNY)

Registration District No. 306
Primary Registration District No. 5424

File No. 870
Registered No. 1

2. FULL NAME

(a) Residence. No. 79 yrs. — mos. — ds. (Usual place of abode) St. ERNY Ward.

Length of residence in city or town where death occurred 79 yrs. — mos. — ds. How long in U.S., if of foreign birth? 79 yrs. — mos. — ds. (If nonresident, give city or town and State)

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 ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) FEB. 20 - 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 11 6

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) SWITZERLAND (STATE OR COUNTRY) 26

10. NAME OF FATHER JOHN ERNY

11. BIRTHPLACE OF FATHER (CITY OR TOWN) SWITZERLAND (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER NEE SPEELMAN

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) SWITZERLAND (STATE OR COUNTRY)

14. INFORMANT Jacob Erny (Address) HERMANN MO

15. FILED 26, 1931 John Engelbrecht REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH 330

16. DATE OF DEATH (MONTH, DAY AND YEAR) JAN 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1931, to Jan. 26, 1931. That I last saw him alive on Jan. 23, 1931, and that death occurred, on the date stated above, at 3:30 a.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia's poison from retention of urine due to enlarged prostate
(duration) 10 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) arteriosclerosis
(duration) Don't know yrs. — mos. — ds.

19. WHERE WAS DISEASE CONTRACTED at place of death
IS NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no, DATE OF —

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical
(Signed) John Engelbrecht, M. D.
(Address) Stanghill, 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 DATE OF BURIAL

LITTLE BERGER MO JAN 28 1931

20. UNDERTAKER ADDRESS Berger Mo

