W. Bedford MAR 24 1931

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

Do not use this space. 4958

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No. 50
Township — Primary Registration District No. 3014 — Registered No.
City Jefferson (No. ..... St. ..... Ward)

2. FULL NAME John Herbert Behrens
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Haleny Behrens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1909
7. AGE YEARS 21 MONTHS 8 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Grocery Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kroger Store 105
10. Date deceased last worked at this occupation (month and year) Dec 1929
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Hulda Mo

FATHER
13. NAME J. H. Behrens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Mo

MOTHER
15. MAIDEN NAME Emma Kullman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Mo

17. INFORMANT (ADDRESS) J. H. Behrens Jefferson City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE Feb 16 1931
19. UNDERTAKER (ADDRESS) Wymore Gordon Jefferson City Mo
20. FILED 3-9-1931 W. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis. 23A 213

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. Bedford, M. D.
(Address) J. 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.