

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.

APR 21 1931

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

Do not use this space.

9445

1. PLACE OF DEATH
37 County GEORGE Registration District No. 303
Township ROARK Primary Registration District No. 5420
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME CHARLES BRETHORST
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 70 yrs. 11 mos. 2 ds. How long in U. S., if of foreign birth? _____ 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) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLOTTE BRETHORST
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR-29-1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 11 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) APR 28 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BERGER MO

13. NAME LOUIS BRETHORST

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME NEE KLINE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT H. C. Brethorst
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE FARM DATE APR 3 1931

19. UNDERTAKER HERMAN OLMER
(ADDRESS) BERGER MO

20. FILED 4-1- 1931 Anna K. Rickhoff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 31, 1931

22. I HEREBY CERTIFY That I attended deceased from Mar 27, 1931, to Mar 31, 1931
I last saw him alive on Mar 29, 1931. Death is said to have occurred on the date stated above, at 3:40 P.M.
The principal cause of death and related causes of importance were as follows:

Cancer of the
Abdomen
466
466
Other contributory causes of importance Arteriosclerosis

Name of operation None Date of ✓
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury ✓, 1931
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? no
If so, specify _____
(Signed) John Gungelbrecht, M. D.
(Address) Stony Hill, Mo.

