

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

Do not use this space.

20980

1. PLACE OF DEATH

County Cooper
Township Salding
City (No.) St. Ward

Registration District No. 225
Primary Registration District No. 5306

File No.
Registered No. 9

2. FULL NAME

Ernest Fredrick Hoyerbrink

(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 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) Dec 7 - 1840

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. Mo

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Fred Hoyerbrink

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Cem DATE 6/15 1931

19. UNDERTAKER (ADDRESS) Goodman & Baller
Boonville Mo

20. FILED June 19 1931
W.E. Harker
Registrar.

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1st - 1931

22. I HEREBY CERTIFY, That I attended deceased from 19..... to May 20, 1931
I last saw h. alive on June 14th, 1931. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset

Other contributory causes of importance:
Arteriosclerosis

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify
(Signed) Therese Raveaux, M. D.
(Address) Boonville Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUL 28 1931

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.

REPRODUCED FROM THE MISSOURI STATE BOARD OF HEALTH

