

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

Do not use this space.

**550**

**1. PLACE OF DEATH**

26

County Call  
Township Liberty  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 215  
Primary Registration District No. 5295

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bernard Pranger

(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) single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-12-1929  
7. AGE YEARS 2 MONTHS 4 DAYS 24  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tans  
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) Tans Mo.  
13. NAME Bernard Pranger  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Mo.  
15. MAIDEN NAME Jude Pranger  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tans Mo.

17. INFORMANT Gillian Pranger  
(ADDRESS) Jefferson City Mo.  
18. BURIAL, CREMATION, OR REMOVAL Tans  
PLACE Tans DATE Jan. 5 1932

19. UNDERTAKER Charles P. Hinchey  
(ADDRESS) Jefferson City Mo.  
20. FILED 1-17 1932 St. F. Oriskany Registrar.

**MEDICAL CERTIFICATE OF DEATH**

22. I HEREBY CERTIFY That I attended deceased from Jan 1st 1932 to Jan 3 1932  
Last saw born alive on Jan 3 1932 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:

Spinal meningitis  
Spinal meningitis  
1598  
998  
Other contributory causes of importance:  
Spinal meningitis  
Date of onset Dec 31-32

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? Yes  
If so, specify \_\_\_\_\_  
(Signed) St. F. Oriskany, M. D.  
(Address) Jefferson City 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.

**FEB 23 1932**

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

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