

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

Do not use this space.

7868

1. PLACE OF DEATH
 27 County Cooper. Registration District No. 218
 2 Township Primary Registration District No. 3015
 4 City Boonville (No., St. Ward)

File No.
 Registered No. 34

2. FULL NAME Charles E. Hirlinger.
 (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.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20th 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 10 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Store.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 170
 10. Date deceased last worked at this occupation (month and year) March 26th 1932 11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo. 1

13. NAME Charles Hirlinger. 10

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

15. MAIDEN NAME Mary Ann Labbo.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York/ 2

17. INFORMANT Chas. H. Huber.
 (ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL Boonville Mo.
 PLACE Walnut Grove Cemetery Mar. 30th 1932

19. UNDERTAKER Goodman & Boller.
 (ADDRESS) Boonville Mo.

20. FILED 3/28 1932 G. A. Russell.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27th 1932

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 about 7:00 P.M.

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

Cerebral Hemorrhage Date of onset 131
132
 Other contributory causes of importance: nephritis and arteriosclerosis 2 yrs.

Name of operation none Date of
 What test confirmed diagnosis? Sp. Was there an autopsy? no

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? no
 If so, specify TC Beckett (coroner) M. D.
 (Signed) Boonville, MO
 (Address) Boonville, 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.

APR 5 1932

