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.

JUN 22 1933

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

Do not use this space.

16878

1. PLACE OF DEATH
County Jasper — Registration District No. 4 — File No. 183
Township — Primary Registration District No. 2002 — Registered No.
City Joplin Mo. (No. ..., ... St. ... Ward)

2. FULL NAME Robert Guengerich
(a) Residence, No. 608 No. Main 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF never married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25-1848
7. AGE YEARS 84 MONTHS 7 DAYS 8 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Retail
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 59

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

FATHER
13. NAME Jacob Guengerich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Marie Brennenman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Emelie Guengerich 608 No. Main
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview DATE May 5 1933
19. UNDERTAKER (ADDRESS) Frank-Dievers Co Joplin Mo.
20. FILED 5/3 1933 W. Benson Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd, 1933
22. I HEREBY CERTIFY, That I attended deceased from Apr. 29, 1933 to May 1st, 1933
I last saw him alive on May 1st 1933 Death is said to have occurred on the date stated above, at 12 P.M.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia — Date of onset 4/28/33
108
Other contributory causes of importance:
Old age
Name of operation — Date of
What test confirmed diagnosis? Clinical 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) Lash L. Neff, M. D.
(Address) Joplin Mo.

Robt. Lee Neff