

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

Do not use this space.

20703

1. PLACE OF DEATH

County Lake
Township Green
City Bowling Green (No. _____)

Registration District No. 684
Primary Registration District No. 4408

File No. _____
Registered No. 27
Si. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward.
(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. (If nonresident, give city or town and State)

John Behlmann

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 Rose J. Behlmann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26 - 1867
7. AGE YEARS 65 MONTHS 8 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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)
11. Total time (years) spent in this occupation

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

13. NAME Henry Behlmann

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

15. MAIDEN NAME Elizabeth Striker

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

17. INFORMANT (ADDRESS) Mrs. John Behlmann Bowling Green, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE buried near cemetery DATE 6-20-1933

19. UNDERTAKER (ADDRESS) Grace B. Smith Bowling Green, Mo

20. FILED 7/10 1933 J. P. Summers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1931, to June 28, 1933

that saw him alive on June 25, 1933. Death is said

to have occurred on the date stated above, at 4:10 a.m.

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

Mitral insufficiency.

Date of onset

Other contributory causes of importance:

Chronic interstitial nephritis.

Name of operation None Date of _____

What test confirmed diagnosis? Physical findings 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 _____

(Signed) James P. Riggs, M. D.

(Address) Bowling Green, Missouri.

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.

JUL 23 1933

