

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

Do not use this space.

25591

1. PLACE OF DEATH

County Benton Registration District No. 59
 Township Williams Primary Registration District No. 5094
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 26

2. FULL NAME Herman F Viebrock

(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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-28-1871		
7. AGE 61 YEARS	10 MONTHS	15 DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	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) Missouri		
13. NAME Herman Viebrock		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Lizzie Domfordia		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT August Viebrock (ADDRESS) Cole Camp Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Cheese Creek DATE 8-16-1933		
19. UNDERTAKER E L Eickhoff (ADDRESS) Cole Camp Mo		
20. FILED 9-1- 19 33 Harry Bay Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-13-1933** 19

22. I HEREBY CERTIFY, That I attended deceased from **Aug 1** 19**33** to **Aug 13** 19**33**
 I last saw **him** alive on **Aug 13** 19**33** Death is said to have occurred on the date stated above, at **2:00 PM**
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the Liver

Other contributory causes of importance: **4/4**

Name of operation **no** 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) **Harry Bay** M. D.
 (Address) **Cole Camp, 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

26 1933

