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 PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

33794

1. PLACE OF DEATH

County Montgomery — Registration District No. 594 — File No.

Township Loutre — Primary Registration District No. 4352 — Registered No. 13

City Rhineland, Mo. RFD (No. 5786-B, St. Ward)

70

2. FULL NAME Augest Bernet,

(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Bernet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
59	6	14	

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. do

10. Date deceased last worked at this occupation (month and year) —

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co., Mo.

FATHER

13. NAME Guskas Bernet,

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

MOTHER

15. MAIDEN NAME Catherina Schluess,

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

17. INFORMANT (ADDRESS) Adolph Eldinghoff, Rhineland, Mo. RFD

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Starkenburg Cemty DATE Oct 14 1933

19. UNDERTAKER (ADDRESS) Barton Baker, Americus, Mo.

20. FILED Oct 12 1933 O. R. Rauschelbach Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12-33, 19

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933, to Oct 12, 1933

I last saw him alive on Oct 10, 1933. Death is said to have occurred on the date stated above, at 3 a.m.

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

Parauchymatus Nephritis — Date of onset July 16 1933

132A

97

Other contributory causes of importance: Arterial Sclerosis

Name of operation none Date of —

What test confirmed diagnosis? Urine Test 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? —

If so, specify

(Signed) H J Richhoff, M. D.

(Address) Hermann, Mo