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.

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

Do not use this space.

37424

1. PLACE OF DEATH

County Perry — Registration District No. 659 — File No. 98

Township Cinque Home — Primary Registration District No. 5876 — Registered No. 98

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Adam Loberg

(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.

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JAN 4 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Adeline Loberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31-1853

7. AGE: YEARS 80 — MONTHS 3 — DAYS 13 — 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): Cape Co. Mo

FATHER

13. NAME: August Loberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Hattie Hahs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Josephs Lukefhar, Perryville Mo Route 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cross Road Cem. DATE Nov 16 1933

19. UNDERTAKER (ADDRESS): Young & Endress, Perryville Mo

20. FILED Nov. 15 1933 Martin Moerkel, Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1933, to Nov. 14, 1933
I last saw him alive on Nov. 13, 1933. Death is said to have occurred on the date stated above, at 2-10 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Wm. H. Barks, M. D.
(Address) Perryville Mo