

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

Do not use this space.

39575

JAN 26 1934
27

PLACE OF DEATH

County Cooper
Township Pilot Grove
City (No. _____) _____

Registration District No. 222
Primary Registration District No. 4135

File No. 19
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Daniel Bernard Twenter

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single MARRIED, Widower or Divorced <u>Married</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Christine Twenter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15 - 1895</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>11</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck Driver</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Local Trucking</u>		
10. Date deceased last worked at this occupation (month and year) <u>Dec 23 1933</u>		
11. Total time (years) spent in this occupation. <u>3 Year</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clear Creek, Cooper Co. Mo.</u>		
13. NAME <u>Theodor Twenter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Colleta Necker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs. Daniel Twenter</u> (ADDRESS) <u>Pilot Grove Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph Pilot Grove Mo</u>		
19. UNDERTAKER (ADDRESS) <u>Way - Stock Co Pilot Grove Mo</u>		
20. FILED <u>Dec. 25 1933</u> <u>Mrs. E. B. McCutchen</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Dec 23, 1933, to Dec 23, 1933
last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. about 8.30 a.m.
The principal cause of death and related causes of importance were as follows:
Automobile Wreck. Date of onset _____
Broken neck and Crushed Skull.
Other contributory causes of importance: 2106
2107

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

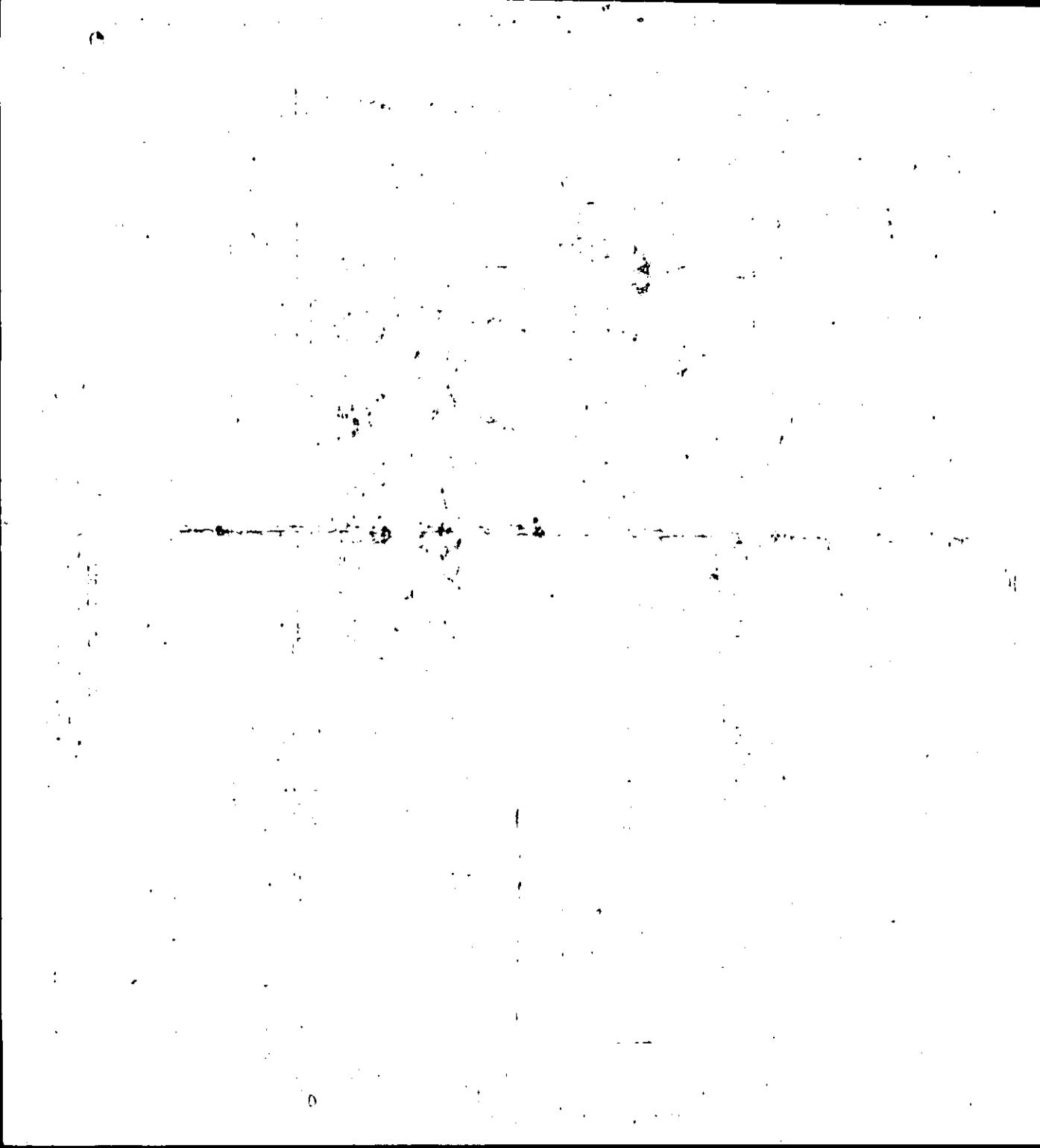
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury. Dec 23 1933
Where did injury occur? Highway No 40 near Pilot Grove
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public, highway

Manner of injury. struck by car
Nature of injury. Broken neck & Crushed Skull

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify Truck Driver
(Signed) Dr. R. K. Anderson
(Address) Boonville Mo. Coroner
Coroner Cooper Co.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cooper
Township Pilot Grove
City (No. St. Ward)

Registration District No. 222
Primary Registration District No. 4135

File No. _____
Registered No. 19

2. FULL NAME

Daniel Bernard Juenter

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode) (If nonresident, give city or town and State)
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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS)

20. FILED Dec 25 1933 Mrs. E. B. McCutcheon (Address) _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Automobile wreck
Driver reek and
crushed skull

Other contributory causes of importance: _____
By collision his
truck was struck by the
car as he made turn off
highway 40.

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-39575