

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.

FEB 27 1934  
 76

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

Do not use this space.

17002053

**1. PLACE OF DEATH**

County Osage  
 Township Washington  
 City Rich Fountain, Mo. (No. 14)

Registration District No. 9  
 Primary Registration District No. 1

File No. \_\_\_\_\_  
 Registered No. 1  
 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Victor August Mebner

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_

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 (write the word) \_\_\_\_\_

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 16 - 1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
			<u>25</u>	

OCCUPATION 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) Osage Co., Missouri (STATE OR COUNTRY)

13. NAME Alphonse Mebner

14. BIRTHPLACE (CITY OR TOWN) Osage Co., Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Mary G. Vilges

16. BIRTHPLACE (CITY OR TOWN) Osage Co., Missouri (STATE OR COUNTRY)

17. INFORMANT Alphonse Mebner (ADDRESS) Osage Co., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rich Fountain, Mo. DATE Jan 11, 1934

19. UNDERTAKER Alphonse Mebner (ADDRESS) Rich Fountain, Mo.

20. FILED Jan 11, 1934 Alphonse Mebner Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 th 1934 to Jan 10 th 1934  
 I last saw him alive on Jan 9 th 1934 Death is said to have occurred on the date stated above, at 7 P. M.  
 The principal cause of death and related causes of importance were as follows:

Pertussis

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) J. B. Cooper, M. D.  
 (Address) Osage Co., Mo.

