

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

Do not use this space.

6008

DEAR 24 1934

**1. PLACE OF DEATH**

County Pettis

Registration District No. 667

Township Seclatic

Primary Registration District No. 3032

City Seclatic (No. 601 W 5<sup>2</sup>)

St. \_\_\_\_\_

Ward \_\_\_\_\_

File No. 57

Registered No. 668

**2. FULL NAME** Bernhardt B. Behrens

(a) Residence, No. 601 W 5<sup>2</sup>

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds.

How long in U. S., if of foreign birth? 3 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Behrens</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 2 - 1860</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>2</u>	DAYS <u>10</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	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) <u>Ill.</u>				
MOTHER FATHER	13. NAME <u>Wm Behrens</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Elizabeth Weymouth</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
17. INFORMANT <u>My Geo E MacCadden</u> (ADDRESS) <u>Kansas City Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>2/14/34</u> 19 <u>34</u>				
19. UNDERTAKER <u>Ms Laughlin Bros</u> (ADDRESS) <u>Idalia Mo</u>				
20. FILED <u>2-14-</u> 19 <u>34</u> <u>Gene Slack</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1934

22. HEREBY CERTIFY, That I attended deceased from Feb 12, 1934

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:  
Acute Myocardial Infarction Date of onset

Other contributory causes of importance:  
Arteriosclerosis

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 Old coronary  
(Signed) [Signature]  
(Address) 1, Corvallis

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.

