

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.

9328

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 408  
 5 Township Manion Primary Registration District No. 3020  
 2 City Carthage (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Manuel F. Viernow  
 (a) Residence, No. 609 S. Manion St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|                                                                                        |                                                                                                                       |                                                                             |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 3. SEX<br><u>Male</u>                                                                  | 4. COLOR OR RACE<br><u>White</u>                                                                                      | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mary E. Viernow</u> |                                                                                                                       |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>June 20, 1852</u>                        |                                                                                                                       |                                                                             |
| 7. AGE                                                                                 | YEARS<br><u>81</u>                                                                                                    | MONTHS<br><u>9</u>                                                          |
|                                                                                        | DAYS<br><u>5</u>                                                                                                      | IF LESS than 1 day, _____ hrs. or _____ min.                                |
| OCCUPATION                                                                             | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Quarry Operator</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)<br><u>Aremen Germany</u>              |                                                                                                                       |                                                                             |
| FATHER                                                                                 | 13. NAME<br><u>Gustave Viernow</u>                                                                                    |                                                                             |
|                                                                                        | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Germany</u>                                                    |                                                                             |
| MOTHER                                                                                 | 15. MAIDEN NAME<br><u>Unknown</u>                                                                                     |                                                                             |
|                                                                                        | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Germany</u>                                                    |                                                                             |
| 17. INFORMANT (ADDRESS)<br><u>Mrs. M. F. Viernow Carthage, Missouri</u>                |                                                                                                                       |                                                                             |
| 18. BURIAL, CREMATION, OR REMOVAL                                                      |                                                                                                                       |                                                                             |
| PLACE <u>St. Louis, Mo.</u> DATE <u>Mar 27, 1934</u>                                   |                                                                                                                       |                                                                             |
| 19. UNDERTAKER (ADDRESS)<br><u>Knell Mortuary Carthage, Missouri</u>                   |                                                                                                                       |                                                                             |
| 20. FILED <u>Mar 27, 1934</u> <u>S. P. Clinton</u> Registrar.                          |                                                                                                                       |                                                                             |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19/24, 1933, to 3/25, 1934  
 I last saw him alive on 3/25, 1934 Death is said to have occurred on the date stated above, at 4 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Chr. Hypertrophic Prostatitis  
 Date of onset 1932  
 Other contributory causes of importance: none

Name of operation none Date of operation \_\_\_\_\_  
 What test confirmed diagnosis? Gen. physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. A. LaFolc M. D.  
 (Address) Carthage Mo.

