

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

Do not use this space.

16178

MAY 25 1934

**1. PLACE OF DEATH**

County Cooper Registration District No. 218  
 Township Boonville Primary Registration District No. 3015  
 City Boonville St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bernard Stephen Guerling

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
48 9 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
 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) May 5 1934 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

FATHER 13. NAME Stephen Guerling

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

MOTHER 15. MAIDEN NAME Christine Vonderhe

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

17. INFORMANT (ADDRESS) Joe Guerling Pilot Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph Cem. DATE May 7 1934

19. UNDERTAKER (ADDRESS) Hays & Stecklein Pilot Grove Mo

20. FILED 5-7 1934 DW Bozworth Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5 1934 to May 5 1934  
 I last saw him alive on May 5 1934. Death is said to have occurred on the date stated above, at 10:30 pm.  
 The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction Date of onset 5.5.34  
12.2.34  
12.9.34  
 Other contributory causes of importance: Abdominal Adhesion ?

Name of operation Laparectomy Date of 5.5.34  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. O. Boley \_\_\_\_\_, M. D.  
 (Address) Pilot Grove

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.

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