

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.

APR 29 1934

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

Do not use this space.

11723

1. PLACE OF DEATH

County Warren Registration District No. 882  
Township Shickory from Primary Registration District No. 6174  
City South of Wright City Mo.

File No. \_\_\_\_\_  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Henry Bergesch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 16, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House hold

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) Warren County Missouri

13. NAME John Paul

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

15. MAIDEN NAME Engel Thumeyer

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

17. INFORMANT (ADDRESS) J. G. Paul Wright City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stock Church Country DATE Mar 18 1934

19. UNDERTAKER (ADDRESS) Wichman and Co. Wright City Mo

20. FILED 3/7 1935 W. J. Clarenbach M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1934 to Mar 6 1935

I last saw her alive on Mar 5 1935 Death is said

to have occurred on the date stated above, at 9 A.m.

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

Chronic Endocarditis  
Mitral Regurgitation

Date of onset  
1934

Other contributory causes of importance:

Name of operation None 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? No

If so, specify W. J. Clarenbach, M. D.

(Signed) \_\_\_\_\_, M. D.

(Address) Wright City Mo

