

SEP 25 1935

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

Do not use this space.

30270

1. PLACE OF DEATH

County *Osage*Registration District No. *639*Township *Benton*Primary Registration District No. *4383*

City

(No.)

St.

Ward)

2. FULL NAME

Fritz W. Berkemeyer

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Minnie Kreter

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

Jan 28, 1872

7. AGE

YEARS

64

MONTHS

DAYS

17

IF LESS than 1

day, hrs.

or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Hope

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Fred Berkemeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Matilda Hoffman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

14.

INFORMANT

Annie Berkemeyer

(Address)

Hope Mo

15.

FILED

*9-9 1935**Esther Soder*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

9-3-1935

17.

I HEREBY CERTIFY, That I attended deceased from

*8-27, 1935, to 8-20, 1935*that I last saw him... alive on *8-30, 1935*, and that death occurred, on the date stated above, at *11-6* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ulcerated stomach

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

L. J. Mellis, M. D.

, 19

(Address)

Cheneyville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*New Salem cemetery**9- 1935*

20. UNDERTAKER

Arnold Hummel

ADDRESS

Marion Mo

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.

