APR 15 1936

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

Do not use this space.

9116

1. PLACE OF DEATH
County Audrain — Registration District No. 25
Township Loutre — Primary Registration District No. 50323
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Bernard Fenewald

(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 60 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~~ Elizabeth Fennewald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19-1845

7. AGE YEARS 90 MONTHS 5 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) West Kelly Mo.

FATHER
13. NAME George Fennewald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Hageboeck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Clara Fennewald Martinsburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Martinsburg Mo. DATE 4-2-1936

19. UNDERTAKER (ADDRESS) Willsville Mo

20. FILED Apr 2nd 1936 Mary C. Jacobi Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-19-1936, to 3-31-1936
I last saw him alive on 3-31-1936 Death is said to have occurred on the date stated above at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial pneumonia
93 c

Other contributory causes of importance:
Myocardial degeneration
Senility

Name of operation — Date of .....
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? .....
If so, specify .....
(Signed) J. F. Hanison, M. D.
(Address) Mexico Mo

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.