

18165

State Department of Health
Division of Vital Statistics
STATE OF IOWA

MAY 27 1936 STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Schuyler State: IOWA Registered No. 1178
Township Chapin or Village _____ or
City Centerville Mo No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution give its name instead of street and number)

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.

2. FULL NAME

(a) Residence. No. Centerville Mo St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofBevie Burgher6. DATE OF BIRTH (month, day, and year) Oct 34 - 1854

7. AGE

Years

81

Months

5

Days

20If less than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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) 191311. Total time (years)
spent in this
occupation 412. BIRTHPLACE (city or town) Davis Co Iowa
(State or country)13. NAME Araron Burgher14. BIRTHPLACE (city or town) Kentucky
(State or country)15. MAIDEN NAME Emily Hane16. BIRTHPLACE (city or town) Kentucky17. INFORMANT R. L. Burgher
(Address) Centerville Mo

18. BURIAL, CREMATION, OR REMOVAL

Place Centerville Date April 21, 193619. LICENSED EMBALMER Est. E. M. Hane No. 2446
(Address) Centerville Mo20. FILED 4-28, 1936 Caroline Hane
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/20, 193622. I HEREBY CERTIFY, That I attended deceased from 4/151936 to 4/20, 1936.I last saw him alive on 4/20, 1936, death is saidto have occurred on the date stated above, at 3 P. m.The principal cause of death and related causes of importance in order
of onset were as follows:Pneumonia

Date of onset

Contributory causes of importance not related to principal
cause:

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 _____, 1936

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) C. T. Hane M. D.(Address) Centerville Mo

(OVER)

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIANS.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS.

Has decedent ever served in military or naval service of the U. S.? No If so give name of War.....

I, Robert C. Mann

Licensed Embalmer No. 2496

hereby certify that

the body recorded on the reverse side of this certificate was embalmed by Mann

L. E.

No. 2496 or by Registered apprentice No.

working under my personal supervision.

Signed

Robert C. Mann

Licensed Embalmer No. 2496

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING.
(Failure to comply with the above constitutes grounds for revocation of license).

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.

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1. PLACE OF DEATH

County Schuyler
Township Chapman
City Coatsville (No.)

Registration District No. 807
Primary Registration District No. 6052

File No. 18165
Registered No. 2
St. Ward)

2. FULL NAME

(a) Residence No. John Bruegger St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 5 20

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

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19...

19. UNDERTAKER (ADDRESS)

20. FILED Apr 28 1931 Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows: Pneumonia Fever Date of onset

2. Bronchial

Other contributory causes of importance:

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) C. J. Flavin, M. D.
(Address) Marvin Lu

S-18165