

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

SEP 3 1938

26044

1. PLACE OF DEATH

County Cooper
Town Clark's Fork
City (No. _____) _____

Registration District No. 226
Primary Registration District No. 2307

File No. 23
Registered No. 23
St. _____ Ward _____

2. FULL NAME

Henry Bronstedt
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 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 Margaret Bronstedt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 16 1853

7. AGE YEARS 82 MONTHS 11 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Retired

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-16, 1936 to 7-23, 1936
I last saw him alive on 7-22, 1936 Death is said to have occurred on the date stated above, at 9:10 m.
The principal cause of death and related causes of importance were as follows:
Influenza
Constipation
Other contributory causes of importance: _____

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 _____

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

13. NAME Frank Bronstedt

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

15. MAIDEN NAME unknown

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

17. INFORMANT George Bronstedt
(ADDRESS) Buckton mo

18. BURIAL, CREMATION OR REMOVAL PLACE Clark's Fork Cem DATE 7-27 1936

19. UNDERTAKER C. Albert Hornbeck
(ADDRESS) Grange Home mo

20. FILED 7-27 36 by W.A. H. [unclear]

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify A. L. Hunsbick (Signed) _____, M. D.
(Address) Frank House mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

