

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

Do not use this space.

**JUL 20 1936**

26189

**1. PLACE OF DEATH**

County Gasconade

Registration District No. 304

Township Richland

Primary Registration District No. 542

City (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 52

**2. FULL NAME** William Begemann

(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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 11 - 1887

7. AGE YEARS 78 MONTHS 8 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O Foreman

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 30

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

13. NAME William Begemann

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

15. MAIDEN NAME Lesette Neiderhelman

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

17. INFORMANT W H Begemann (ADDRESS) 1205 St. Marys Blvd Jefferson City

18. BURIAL, CREMATION, OR REMOVAL PLACE Good Hope DATE 7-13-36

19. UNDERTAKER Good Hope Mortuary (ADDRESS) 1205 St. Marys Blvd Jefferson City

20. FILED 7-15-36 1936 F S Kicker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to July 11 1936

I last saw him alive on July 11 1936. Death is said to have occurred on the date stated above, at 4 P m.

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

stroke Apoplexy Date of onset 12

Other contributory causes of importance: High Blood Pressure  
Old Age 78 yrs  
Chronic ductless glands  
Chronic Hypertension

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical 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 \_\_\_\_\_

(Signed) Geo Williams M. D.  
 (Address) Jefferson 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.

