

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Chilton
Township Lathrop
City _____ (No. _____) St. _____ Ward _____

Registration District No. 206
Primary Registration District No. 5284A

File No. 16094
Registered No. 12

2. FULL NAME

John Behrens
(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 Metta Behrens.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 10 11

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. _____
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) Germany13. NAME John Behrens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Margaret - J -16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Fred Behrens(ADDRESS) Cameron Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Der Creek Cem Apr 8 193719. UNDERTAKER J. W. Polaub(ADDRESS) Cameron Mo.20. FILED Apr 8 1937 E. B. Duncan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 193722. I HEREBY CERTIFY, That I attended deceased from April 4 1937 to April 7 1937I last saw him alive on April 6 1937 Death is saidto have occurred on the date stated above at 2 pm.

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

Influenza Date of onset _____

Other contributory causes of importance: 11B

Name of operation _____ Date of _____

What test confirmed diagnosis? 5 Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 5 Date of injury 5, 19____Where did injury occur? 5 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 5Nature of injury 524. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. W. Polaub, M. D.
(Address) Cameron Mo.

Handwritten scribbles and marks, possibly initials or a signature, located in the upper left quadrant of the page.