AUG 27 1937

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

Do not use this space.

Registration District No. 642
Primary Registration District No. 5851

File No. 27977
Registered No. 8

1. PLACE OF DEATH
County: Osage
Township: Washington
City: Westphalia Mo. (No. ..., St. ..., Ward)

2. FULL NAME: Bernard Luebbert

(a) Residence, No. Westphalia Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 92 yrs. 8 mos. 2 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*): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 23 - 1844

7. AGE: YEARS 92 | MONTHS 8 | DAYS 2 | 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.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 92 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Westphalia, Mo.

FATHER
13. NAME: George Luebbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Westerholt Germany

MOTHER
15. MAIDEN NAME: Clara Boeckman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Mrs. George Luebbert
(ADDRESS): Westphalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Joseph's Cemetery DATE: July 27th 1937

19. UNDERTAKER: C. R. Horstdaniel
(ADDRESS): Westphalia Mo.

20. FILED: July 28 1937 Henry L. Pleger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937, to July 25, 1937
I last saw him alive on July 24, 1937. Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria-Sclerosis	

Other contributory causes of importance:
Senility

Name of operation: None Date of:
What test confirmed diagnosis? Clinical 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) Conrad S. Verhoff, M. D.
(Address) Westphalia 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD