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.

2235

1. PLACE OF DEATH
County Callaway. Registration District No. 104 File No.
Township Primary Registration District No. 3008 Registered No. 28
City Fulton. Mo. (No. St. Ward)

2. FULL NAME Lorene Kay Niedergerke, 2 62
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan.19th.1938

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

OCCUPATION
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) Mo.

FATHER
13. NAME Claude L.Niedergerke.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Lorene Oehrke.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Claude L.Niedergerke. Fulton.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hill Crest Cemetery. DATE Jan.25th 1938.

19. UNDERTAKER (ADDRESS) Herndon-Taylor Furn-Co, Fulton.Mo.

20. FILED Jan 24, 1938 R. M. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1938, to Jan. 24, 1938
I last saw him alive on Jan. 24, 1938. Death is said to have occurred on the date stated above, at 9.50 A.M.
The principal cause of death and related causes of importance were as follows:

Premature Infant (7 months gestation)

Date of onset

Other contributory causes of importance: 159

Name of operation 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

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24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Henry Dust, M. D.
(Address) Fulton, Mo.