

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

Do not use this space.

1. PLACE OF DEATH
23 County Clark Registration District No. 190
Township Union Primary Registration District No. 5265 File No. 2416
City _____ (No. _____) St. _____ Ward _____
Registered No. 7

2. FULL NAME John Werturine 636
(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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 10 18

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. Farming
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) Lava

FATHER
13. NAME John Werturine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bermany

MOTHER
15. MAIDEN NAME Wickerson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bermany

17. INFORMANT Chas. Wendling
(ADDRESS) Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls C. DATE Jan. 4 1938

19. UNDERTAKER Fetting's Wd.
(ADDRESS) Kahoka Mo.

20. FILED 74-37 19 37 J.R. Bridgman
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1938

22. HEREBY CERTIFY That I attended deceased from Jan 2 1938 to Jan 2 1938
I last saw h. _____ alive on Jan 2 1938 Death is said to have occurred on the date stated above, at 11:30 am
The principal cause of death and related causes of importance were as follows:
Angina pectoris Date of onset _____
Other contributory causes of importance Chronic Myocarditis

RECEIVED

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide FEB 7 1938 Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify the site of injury occurred as follows, in home, or in public place.
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J.R. Bridgman M. D.
(Address) Kahoka Mo.

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

