

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.

REC'D AUG 24 1938

1. PLACE OF DEATH

County Howard
Township Chariton
City Chariton (No. 1)

Registration District No. 379
Primary Registration District No. 4223

File No. 25472
Registered No. 5527
St. 520 Ward

2. FULL NAME

(a) Residence, No. Bernard Henry Bange St. 520 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Klone Bange
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10, 1858
7. AGE YEARS 79 MONTHS 10 DAYS 10 If LESS than 1 day, hrs. or min.

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. Farmer
10. Date deceased last worked at this occupation (month and year) Oct. 1935 11. Total time (years) spent in this occupation 58 1/2

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

13. NAME Bernard Bange

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

15. MAIDEN NAME Kathryn Krantz

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

17. INFORMANT George Bange (ADDRESS) Glasgow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow, Mo. DATE July 12, 1938

19. UNDERTAKER Walker, Andrew (ADDRESS) Glasgow, Mo.

20. FILED 8-3 1938 28 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1938

22. I HEREBY CERTIFY That I attended deceased from 6 - 20, 1938 to 7 - 10, 1938

I last saw him alive on 7 - 10, 1938. Death is said

to have occurred on the date stated above, at 3:50 P.

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

Carcinoma Larynx Date of onset

Other contributory causes of importance: H. H. W.

Name of operation none Date of

What test confirmed diagnosis? Chemo Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) W. B. Kitchner M. D.

(Address) Glasgow, Mo.

