

APR 19 1939

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

Do not use this space.

11642

1. PLACE OF DEATH

County Morgan
Township Hawcreek
City Stover

Registration District No. 919
Primary Registration District No. 4551

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME Herman Viebrock

(a) Residence, No. _____ St. _____ Ward _____
(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. (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 Cordes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 7 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Brauersville, Mo.

13. NAME John Viebrock

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

15. MAIDEN NAME Kathryn Schroeder

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

17. INFORMANT (ADDRESS) Rudolph Viebrock Stover, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pyramt Cem. DATE Apr. 2 1939

19. UNDERTAKER (ADDRESS) Rapp & Stevinson Stover, Mo.

20. FILED April 10 1939 J. L. Ripberger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1938, to Mar 26, 1939

I last saw him alive on Mar 26, 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Dementia Epileptica about 1928

Other contributory causes of importance: 50

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Chas. West, M. D.

(Address) Stover 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.

RECEIVED

District Health Officer No. 7,

District File Number

7-39-55-2

Date Filed

4-16-39