

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

Do not use this space.

39400

1. PLACE OF DEATH

County Madison Registration District No. 620
Township Jefferson Primary Registration District No. 5822
City Conception (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Conception, 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 32 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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) July 27, 1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 4 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lay-Brother
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. 32

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

13. NAME Bro Joseph Ranzmann

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

15. MAIDEN NAME Katherine Renck

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

17. INFORMANT Adelhelm Hess, Conception, Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Conception DATE Nov 19 1940

19. UNDERTAKER Proctor, Conception, Mo
(ADDRESS)

20. FILED 11-25-40 J. M. Boyles
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1931, to 11-17 1940
I last saw him alive on 11-17 1940 Death is said to have occurred on the date stated above, at 6:05 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 11-17-40

Other contributory causes of importance:
Hypertension
Chd myocarditis

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) J. M. Boyles M. D.
(Address) Conception, Mo.

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.

