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

Do not use this space.

5888

MAR 21 1929

1. PLACE OF DEATH
County: Cole — Registration District No.: 213 — File No.:
Township: — Primary Registration District No.: 3814 — Registered No.: 67
City: Jefferson (No. ..... St. ..... Ward)

2. FULL NAME: Mrs. Mary Nenturig
(a) Residence. No. 507 Broadway 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Benedict Nenturig

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 18-1852

7. AGE: Years 76 | Months 2 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DESECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Jos. Geisler
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Johanna Geisler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Leo Nenturig
(Address): J.C. Mo

15. FILED 3-5 1929 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 28-1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1929, to Feb 28 1929, that I last saw h. alive on Feb 26 1929, and that death occurred, on the date stated above, at 9 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) [illegible], M. D
, 19 (Address) Jefferson City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Peters Cem J.C. Mo — DATE OF BURIAL: 3-2-1929
20. UNDERTAKER: C.P. Heinrichs — ADDRESS: J.C. 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.

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