

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

4963

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township

Primary Registration District No. 3014

City Jefferson (No. \_\_\_\_\_)

File No. 58

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julian Wren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18-1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 35 2 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Steedman Mo

13. NAME Rudolph Binggeli

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

15. MAIDEN NAME Borstman

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

17. INFORMANT Julian Wren (ADDRESS) Mokane Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Chopam Mo DATE 3/1/31

19. UNDERTAKER (ADDRESS) Wm. G. Gadsen Jefferson Mo

20. FILED 3-9-31 1931 D. V. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1931

22. I HEREBY CERTIFY That I attended deceased from July 15 1931 to July 28 1931

I last saw him alive on July 28 1931 Death is said

to have occurred on the date stated above, at 104 m.

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

Septicemia with hemorrhage

Other contributory causes of importance:

Caesarian 2 wks ago

Name of operation Caesarian Date of July 15 1931

What best confirmed diagnosis? X Ren Was there an autopsy? 3

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

Accident, suicide, or homicide? None 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) Wm. G. Gadsen, M. D.

(Address) Jefferson Mo

