

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.

APR 22 1938

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

Do not use this space.

9989

1. PLACE OF DEATH
49 County Jasper Registration District No. 411
Township Joplin, Mo. Primary Registration District No. 2002
6 City Joplin, Mo. No. _____ St. _____ Ward _____

File No. 129
Registered No. _____

2. FULL NAME Bern F. Wurzel
(a) Residence, No. Olivia apt. 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 <u>Male</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Sophia Wurzel</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 1864</u>				
7. AGE YEARS <u>68</u>	MONTHS <u>10</u>	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>			
	9. Industry or business in which work was done, as silk, saw mill, bank, etc. <u>clothing retail</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>50</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buffalo, New York</u>				
MOTHER	13. NAME <u>Michael Wurzel</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Helen Weigl</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Magy, Loraine Germany</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Sophia Wurzel Olivia apt.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Hope</u> DATE <u>Mar. 20 1938</u>				
19. UNDERTAKER (ADDRESS) <u>Truett-Sigors Co Joplin Mo.</u>				
20. FILED <u>3-18</u> 19 <u>38</u> <u>J. Benson Clark</u> Registrar.				

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1938 to Mar. 17, 1938
I last saw him alive on Mar. 17, 1938 Death is said to have occurred on the date stated above, at 5:10 P.M.
The principal cause of death and related causes of importance were as follows:
General arteriosclerosis Date of onset _____
AGE 466
Other contributory causes of importance: possibly cancer of

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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?
If so, specify _____
(Signed) Rich. P. Hoff, M. D.
(Address) Joplin Mo.

