

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

Do not use this space.

9169

**1. PLACE OF DEATH**

County Knox  
Township Wright  
City Wright (No. 301)

Registration District No. 464  
Primary Registration District No. 4242

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. Wright City, Mo. Ward. \_\_\_\_\_

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 Mary Bemer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	83	10	20	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Retired farmer  
(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) Wright Mo.

10. NAME OF FATHER David Bemer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Sarah Gray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT J. B. Bemer (Address) Wright City, Mo.

15. FILED 3-18-1934 J. R. Northcutt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1934

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1934, to Mar 15, 1934 that I last saw him alive on Mar 15, 1934, and that death occurred; on the date stated above, at 6 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Organic heart lesion  
95 to 2 (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) W. H. Reynolds, M. D.

Mar 18, 1934 (Address) Wright 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 Wright City, Mo DATE OF BURIAL Mar 18 1934

20. UNDERTAKER Garth Brooks ADDRESS Wright City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state with certainty supposed. Exact statement of OCCUPATION is very important.

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