

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

Do not use this space.

**JUL 8 2 1935**

19554

**1. PLACE OF DEATH**

County Hannay  
Township Beauregard  
City Montrose (No. ....)

Registration District No. 352  
Primary Registration District No. 5494

File No. ....  
Registered No. 10  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... 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)

*George John Jurgensmeyer*

**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) June 27 - 1935  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
6 4 6

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
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) Montrose MO

13. NAME Ben Jurgensmeyer

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

15. MAIDEN NAME Ann Walters

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

17. INFORMANT (ADDRESS) Ben Jurgensmeyer

18. BURIAL, CREMATION OR REMOVAL PLACE Montrose DATE 6/4 1935

19. UNDERTAKER (ADDRESS) Walling Bros

20. FILED July 4 1935 J. M. Miller Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1935  
22. I HEREBY CERTIFY, That I attended deceased from January 27 1935 to June 2 1935  
I last saw him alive on May 29 1935. Death is said to have occurred on the date stated above, at 4:30 a.m.  
The principal cause of death and related causes of importance were as follows:

congenital heart disease  
**15 MO**  
Other contributory causes of importance

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? No  
If so, specify .....

(Signed) W. P. Miller M. D.  
(Address) Appleton City, 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.

