

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.

FEB 8 1935

## 1. PLACE OF DEATH

County Barnes  
Township Flat Creek  
City Cassville (No. ....)

Registration District No. 29  
Primary Registration District No. 4021

File No. 73  
Registered No. 5  
St. .... Ward

## 2. FULL NAME

(a) Residence, No. George H. Berzuel St. .... Ward. ....  
(Usual place of abode) Cassville (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dica Berzuel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/9/1870  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
64 11 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) McDonald Co. Mo.

MOTHER FATHER 13. NAME George Berzuel

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

15. MAIDEN NAME Elexander

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

17. INFORMANT Dica Berzuel (ADDRESS) Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Purdy DATE Jan. 20, 1935

19. UNDERTAKER (ADDRESS) W. H. Taylor Cassville, Mo.

20. FILED 2-2 1935 Geo. W. Newman Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1935

22. I HEREBY CERTIFY That I attended deceased from Oct 1934 Jan 1935

I last saw him alive on Jan 18, 1935 Death is said to have occurred on the date stated above, at 6:00 A. M.

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

Nephritis  
Toxic Condition  
Date of onset

Other contributory causes of importance:

Name of operation 34 Date of 34  
What test confirmed diagnosis? Was there an autopsy?

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) Glenn M. Salzer M. D.  
(Address) Cassville, Mo.

