

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MAY 25 1934

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

Do not use this space.

17479

1. PLACE OF DEATH  
 County Moniteau Registration District No. 1095  
 Township Morrow Primary Registration District No. 4336  
 City New Galatashburg St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Frederick H. Bestgen  
 (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)

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) Feb. 5 - 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>7</u>	<u>2</u>	<u>29</u>	

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

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) California

13. NAME Peter E. Bestgen

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

15. MAIDEN NAME Alma Fischer

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

17. INFORMANT Peter E. Bestgen  
(ADDRESS) Galatashburg Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE California DATE May 6 1934

19. UNDERTAKER J. J. Amhoff  
(ADDRESS) Clinton Mo.

20. FILED 5-6 1934 J. C. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-30, 1934, to 5-5, 1934  
 I last saw him alive on 5-5, 1934. Death is said to have occurred on the date stated above, at 10 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Influenza  
Lobar Pneumonia  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Lobar Pneumonia

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clebsch 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) H. R. Popejoy, M. D.  
 (Address) California

