

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

Do not use this space.

18832

1. PLACE OF DEATH

County Monticau
Township Wagonport
City Dipton (No.)

Registration District No. 575
Primary Registration District No. 4339

File No.
Registered No.
St. Ward)

2. FULL NAME

Gertrude Bestgen

(a) Residence. No. St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 13 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Peter J. Bestgen

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

Jan 2 1858

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
71	4	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(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) Dipton Mo.

10. NAME OF FATHER

Peter Sommerhausen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Blind Claus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Peter E. Bestgen
(Address) California Mo.

15.

FILED 5-16-29 Mo. C. E. Fry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 15 1929

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....
that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

unknown. Struggled for 20 min. Son struck by lightning & killed 8 hours earlier. No criminal evidence

CONTRIBUTORY (SECONDARY)

2005 1705 B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B. H. Bawell, M. D.

5-16-1929 (Address) Dipton 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

Catholic Cemetery

DATE OF BURIAL

5/17 1929

20. UNDERTAKER

J. S. ...

ADDRESS

Dipton 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.

JUN 27 1929

PARENTS 10

