

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

Do not use this space.

18830

1. PLACE OF DEATH

County Monticau
Township Waltham
City Dipton (No.) St. Ward)

Registration District No. 575
Primary Registration District No. 4339

File No.
Registered No.

2. FULL NAME

John P. Bestgen

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 9 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 1879

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
49 8 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dipton Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Peter J. Bestgen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dipton Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Kathleen Sommerhausen

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

14. INFORMANT Peter E. Bestgen
(Address) California Mo.

15. FILED 5-16-29 19... Mrs. C. E. Inse
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 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Struck By Lightning
died suddenly
1929

CONTRIBUTORY (SECONDARY) 195
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? N.O. DATE OF.....
WAS THERE AN AUTOPSY? N.O.

WHAT TEST CONFIRMED DIAGNOSIS?
5-16 (Signed) B. J. Pawlisc M. D.
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 L. J. Imhoff ADDRESS Dipton Mo.

JUN 27 1929
 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.

