

MAR 24 1936

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

Do not use this space.

6897

1. PLACE OF DEATH

County *Moniteau*Registration District No. *575*Township *Willowfork*Primary Registration District No. *4339*City *Dipton*

(No.)

St.

Ward)

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *19* 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)

Widowed

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

Sophie Bestgen

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

Sept. 22-1856

7. AGE

79

YEARS

4

MONTHS

28

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

retired Farmer

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)

Moniteau County Mo.

13. NAME

John Peter Bestgen

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

Germany

15. MAIDEN NAME

Margaret Buscher

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

Germany

17. INFORMANT (ADDRESS)

Mrs. Gertrude Bestgen Dipton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Catholic Cemetery* DATE *2/22* 19*36*

19. UNDERTAKER (ADDRESS)

Louis E. Smoloff Dipton Mo.

20. FILED

2-21 1936 Mrs. Leah Fife Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/20* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from

Feb 5 19*36*, to *Feb 20* 19*36*I last saw him alive on *Feb 20* 19*36*. Death is saidto have occurred on the date stated above, at *S.P.* m.

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

acute ascending paralysis

Date of onset

Other contributory causes of importance:

gla

Name of operation

Date of

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

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) *N. S. Wilson* M. D.(Address) *Fortuna, 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.

