

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 23 1937

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

Do not use this space.

729  
3 a  
31  
File No.  
Registered No.  
St. Ward

1. PLACE OF DEATH  
 29 County Cooper Registration District No. 219  
 Township Kelley Primary Registration District No. 5299  
 City Beardsboro (No. .... St. .... Ward)

2. FULL NAME Martin Louis Bestgen  
 (a) Residence, No. 6 St. .... Ward. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 4 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) ---

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10 - 1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>---</u>	<u>4</u>	<u>6</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 .....  
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo.

13. NAME Louis A. Bestgen

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

15. MAIDEN NAME Blara Ducher

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

17. INFORMANT Mrs. Louis A. Bestgen  
 (ADDRESS) Diston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE 1-17 1937

19. UNDERTAKER L. G. Grubbs  
 (ADDRESS) Diston Mo.

20. FILED 1-16 1937 Hattie Paxton  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-16 1937 to 1-16 1937  
 I last saw him alive on 1-16 1937. Death is said to have occurred on the date stated above, at 10:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Spasmodic Croup  
 Date of onset

Other contributory causes of importance: none

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: no  
 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) E. S. Wilson M. D.  
 (Address) Fortuna Mo.

STATE OF TEXAS, COUNTY OF DALLAS

I, the undersigned, a Notary Public in and for the State of Texas, do hereby certify that the within and foregoing instrument is a true and correct copy of the original instrument as the same appears from the records of my office.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public in and for the State of Texas

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