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

Do not use this space.

17854

File No. 15

Registered No. 214

1. PLACE OF DEATH

County Monteau Registration District No. 214

Township Bussiau Fork Primary Registration District No. 577413

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Peter Wermelskirchen

(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 28 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 11 - 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	1	5		

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) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Godfrey Wermelskirchen

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

12. MAIDEN NAME OF MOTHER Anna T. Herweg

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

14. INFORMANT P. G. Wermelskirchen
(Address) Russellville, Mo

15. FILED May 18, 1928 Hugh L. Taylor REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1928

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1928, to May 16, 1928, that I last saw him alive on May 16, 1928, and that death occurred, on the date stated above, at 9 35 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Double Lobar Pneumonia

IIIA

108

(duration) 1 2 yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Influenza + Senility

(duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. S. Glover, M. D

, 19 (Address) Russellville 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 City Cemetery Cole Co Mo — DATE OF BURIAL May 18 1928

20. UNDERTAKER H M Stafford — ADDRESS Russellville

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.