

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

Do not use this space.

10028

**1. PLACE OF DEATH**

County Cole Registration District No. 213 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3014 Registered No. 95  
 City Jefferson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mike M. Mengal

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susan Mengel</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June-26-1845</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>8</u>	DAYS <u>15</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>unbekannt</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT S. G. Bratten  
 (Address) Jefferson City, Missouri

15. FILED 4-9-29 S. G. Bratten REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) mar 12 19 29  
 17. I HEREBY CERTIFY, That I attended deceased from mar 5, 1929, to mar 12, 1929 that I last saw him alive on mar 12, 1929 and that death occurred, on the date stated above, at 1:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchopneumonia  
107A  
162

CONTRIBUTORY (SECONDARY) Senility (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 107A

IF NOT AT PLACE OF DEATH \_\_\_\_\_

18 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) S. G. Bratten, M. D.

3-13-1929 (Address) J. C. Wms.

\*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 DATE OF BURIAL

County, Mo  
New Hope Cem-Moniteau 3/14 19 29

20. UNDERTAKER WYMORE-GORDON UNDERTAKING CO. ADDRESS J. C. Wms.

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.

26  
3  
2A  
Bedford!

