

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

Do not use this space.

8739

26 1927

1. PLACE OF DEATH

County Rafayette
Township Washington
City Mayfield

Registration District No. 4-64
Primary Registration District No. 3-626

File No. 12
Registered No. 19
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 | 8 | 13

8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER Herman Boedeker

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

12. MAIDEN NAME OF MOTHER Wilhemina Bruch

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

14. INFORMANT August Spruck
(Address) Mayfield Mo

15. April 10, 1927 R H Schooley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1927, to Mar 25, 1927, that I last saw h. or alive on Mar 24, 1927, and that death occurred, on the date stated above, at 7:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Melancholia
162 (duration) 8 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 164 (duration) _____ yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH. no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Jno Redwine, M. D.
, 19 (Address) Mayfield, 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 Evangelical Cemetery at Mayfield Mo DATE OF BURIAL 3/27 1927

20. UNDERTAKER Walter Munnichhagen ADDRESS Mayfield 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.

