

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

Do not use this space.

12044

1. PLACE OF DEATH

County Warren
Township Warrenton
City Warrenton (No.)

Registration District No. 581
Primary Registration District No. 4534

File No.
Registered No. 13
St. Ward)

2. FULL NAME

Josephine Eliza Bohne Meyer
(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 Female 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 Sty. Bohne Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 | 1 | 28

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Charles Co., Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Herman Hy Berdeman

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

12. MAIDEN NAME OF MOTHER Cathin Kather

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

14. INFORMANT Mrs Emma Bohne Meyer
(Address) Warrenton Mo

15. FILED 3/25 28 A.W. Whiting
RECORDED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 22 1928

17. I HEREBY CERTIFY, That I attended deceased from March 25 to Mar 22 1928 that I last saw h. alive on Mar 22 1928 and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza & Pneumonia

CONTRIBUTORY Asthma & Bronchitis
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED At Home
IF NOT AT PLACE OF DEATH, DATE OF 11/19 1078
DID AN OPERATION PRECEDE DEATH? DATE OF 10/6/01

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John H. Dyer, M. D.
3/23, 1928 (Address) Warrenton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Warrenton City Co
DATE OF BURIAL 3/25 1928

20. UNDERTAKER F.W. Gehring
ADDRESS Warrenton 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.

