

1928

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

Do not use this space.

12837

1. PLACE OF DEATH

County Franklin

Registration District No. 29B

File No.

Township Boeuf

Primary Registration District No. 5410

Registered No.

City (No.) St. Ward

2. FULL NAME

Caroline Hoemann

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Frank Hoemann

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

May 10 - 1862

7. AGE

YEARS 65 MONTHS 10 DAY 25 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(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) New Haven Mo

10. NAME OF FATHER

Mr Hanschneider

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Frank Hoemann

(Address) New Haven Mo

15.

FILED 4-8 1928 A. J. Sheible REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1928

17. I HEREBY CERTIFY That I attended deceased from Apr 3 1928 to Apr 5 1928

that I last saw h. er. alive on Apr 5 1928, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis

11:30 (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH. Home

DID AN OPERATION PRECEDE DEATH? DATE OF no

9 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. F. Eimbeck, M. D.

4-5 1928 (Address) New Haven, 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 Boeuf Cem. DATE OF BURIAL 4-8 1928

20. UNDERTAKER L. B. Fertig ADDRESS New Haven Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

