

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

Do not use this space.

23473

**1. PLACE OF DEATH**

County Franklin Registration District No. 297  
 Township Washington Primary Registration District No. 306  
 City Washington (No. ....) St. .... Ward)

File No. ....  
 Registered No. 54

**2. FULL NAME Maria Catherine Bolte**

(a) Residence. No. East 5th Street St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 4 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Rudolph Bolte ---Deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10-1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
74 10 6

8. OCCUPATION OF DECEASED Housework  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Krakow  
 (STATE OR COUNTRY) Franklin County Mo

10. NAME OF FATHER Henry Beumker  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 12. MAIDEN NAME OF MOTHER Catherine Schroeder  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Edw Bolte  
 (Address) Washington Mo

15. July 18, 1928 O. L. Munn  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 19 28

17. I HEREBY CERTIFY, That I attended deceased from July 14 19 28 to July 16 19 28  
 that I last saw him alive on July 16 19 28, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Apoplexy  
82A 74W  
 (duration) yrs. .... mos. 3 ds.

CONTRIBUTORY Not known  
 (SECONDARY) (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED Place of death  
 IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No Clinical  
 (Signed) J. D. Manquin, M. D.

, 19 (Address) Washington 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 Catholic Cemetery DATE OF BURIAL July 18th-1928 19

20. UNDERTAKER Geo H Otto ADDRESS Washington 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.

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