

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

Do not use this space.

12070

**1. PLACE OF DEATH**

Country St. Francis  
Township Perry  
City..... (No.....) St..... Ward.....

Registration District No. 470  
Primary Registration District No. 6072

File No.....  
Registered No. JK

**2. FULL NAME**

Catherine Boehle

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

**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 OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 4 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>75</u>	<u>5</u>	<u>22</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Apple Creek Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Anton Litzhoft

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

12. MAIDEN NAME OF MOTHER Antigone

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

14. INFORMANT John Boehle  
(Address) Bonne Terre Mo.

15. FILED 3/27/29 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1929

17. I HEREBY CERTIFY, That I attended deceased from March 24 1929 to March 26 1929, that I last saw her alive on March 26 1929, and that death occurred, on the date stated above, at 2:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Infection of the Throat  
Pathology unknown

2050 (duration) 1154 yrs. mos. da.  
CONTRIBUTORY (SECONDARY) Age (duration) 1 1/2 yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH..... no DATE OF.....  
WAS THERE AN AUTOPSY..... no

WHAT TEST CONFIRMED DIAGNOSIS..... Examinations  
(Signed) Seeley, M. D.  
3-27 1929 (Address) Bonne Terre

\*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 March 29 1929

20. UNDERTAKER A. Berham ADDRESS Bonne Terre

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.

235  
1  
10  
10

1829

