54

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

Do not use this space.

21931

JUL 26 19

1. PLACE OF DEATH
County Lafayette
Registration District No. 464
Primary Registration District No. 5626
File No. 13
Registered No. 31
City (No. St. Ward)

2. FULL NAME Anna Margarette Boschert
(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 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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~~ John F. Boschert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68	6	5	

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) Montgomery Co.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Lawrence Haberstroh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Josephine
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT J. F. Boschert
(Address) Mayview, Mo.

15. FILED 7/10, 1929 R. C. Adwood
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1929

17. I HEREBY CERTIFY That I attended deceased from June 6, 1929 to , 19 that I last saw her alive on June 6, 1929, and that death occurred, on the date stated above, at 7:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. C. Schoaler M. D
6/7, 1929 (Address) Odessa 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 Mt Washington Cemetery KC
DATE OF BURIAL 6/8 1929

20. UNDERTAKER L. C. Husman
ADDRESS Odessa

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.