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

Do not use this space.

24299

File No.

Registered No.

1. PLACE OF DEATH

County Gasconade Registration District No. 307

Township Boulaware Primary Registration District No. 5425

City ✓ (No. St. Ward)

2. FULL NAME Dena Sophia Bohl

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2-1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
66	10	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) Swiss, Mo
(STATE OR COUNTRY) RFD

PARENTS

10. NAME OF FATHER Herman Eisermann

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

12. MAIDEN NAME OF MOTHER Carolina Hepp

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

14. INFORMANT Frederick Bohl
(Address) Swiss Mo RFD

15. FILED 7-12, 1929 Mrs. F. B. Meyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12th 1929

17. I HEREBY CERTIFY, That I attended deceased from July 11th, 1929, to July 12th, 1929, that I last saw her alive on July 11th, 1929, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

(duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 1 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? Symptoms

(Signed) E. G. Rhodius, M. D.

7-13, 1929 (Address) Bay 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 Bohl Farm Cemetery

DATE OF BURIAL 7/14 1929

20. UNDERTAKER Herman Blumer Co

ADDRESS Hermann 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.