

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.

MAR 9 1930

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

Do not use this space.

4039

1. PLACE OF DEATH

County Bollinger
Township Wayz
City Wayz (No.)

Registration District No. 69
Primary Registration District No. 5-108

File No. 43
Registered No.
St. Ward

2. FULL NAME

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

Golda Olga Catharine Bohusack

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

Homer M. Bohusack

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

Feb. 11 1904

7. AGE

YEARS MONTHS DAYS
25 9 22
IF LESS than 1 day, hrs. or min.

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)

(STATE OR COUNTRY)

MO

10. NAME OF FATHER

Ed Bitterman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

12. MAIDEN NAME OF MOTHER

Emma Storz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

14.

INFORMANT H. Bohusack
(Address) Wayz MO

15.

FILED 2-5-30 A. T. Kirkpatrick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 5 - 1930

17.

I HEREBY CERTIFY, That I attended deceased from 1-1-30, 1928 to 2-5-30, 1930 that I last saw her alive on 2-1-30, 1930, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

at her home
among her brother
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

no DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. T. Kirkpatrick, M. D.

, 19 (Address) Wayz 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

DATE OF BURIAL

Calch Cemetery

2-6-1930

20. UNDERTAKER

ADDRESS

Code Waukegan Sank MO

