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

MAY 26 1930

Do not use this space.
8314

1. PLACE OF DEATH
County Lincoln — Registration District No. 304
Township Richland — Primary Registration District No. 5421
City Pershing Mo (No. ..... St. ..... Ward) — File No. 16 — Registered No. .....

2. FULL NAME Frances Bohl
(a) Residence. No. ..... Pershing St., ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Single |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: not married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10 - 28 - 1842

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 87 | 4 | 17 | |

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Ferdinand Bohl
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Juliana Black
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know (STATE OR COUNTRY) Germany

14. INFORMANT C. K. Meyer
(Address) Morrison Rfd # 1.

15. FILED 5-9, 1930 F. L. Kiekhaefer REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/15- 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 13- 1930 to Mar 15- 1930, that I last saw h.er alive on Mar 15- 1930, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenzia
I.D.
10 (duration) ..... yrs. ..... mos. 15- ds.
CONTRIBUTORY (SECONDARY) Bronchitis
..... (duration) ..... yrs. 1 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Howard Workman, M. D.
, 19 (Address) Pershing 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 |
|---|---|
| Pershing Cemetary | 3-17 1930 |
| 20. UNDERTAKER Arnold Hummert | ADDRESS Morrison 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.