

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

Do not use this space.

15813

**1. PLACE OF DEATH**

County Franklin  
Township Washington  
City Washington (No. ....)

Registration District No. 297  
Primary Registration District No. 3016

File No. ....  
Registered No. 48  
St. .... Wash.

**2. FULL NAME**

(a) Residence. No. 519 So Stafford St., ..... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 17 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

Anna Elizabeth Bocklage

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Bocklage

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
80 9 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

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

10. NAME OF FATHER Remmers

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. Informant Mrs. Celia Vogt  
(Address) Washington mo.

15. May 12 1930 O. L. Mearns  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1920 May 11, 1930 that I last saw her alive on May 8, 1930, and that death occurred, on the date stated above, at 10:30 p.m.

**\* THE CAUSE OF DEATH \* WAS AS FOLLOWS:**

Diabetic melitus  
59

(duration) 7 yrs. 4 mos. 14 ds.

CONTRIBUTORY inclusion  
(SECONDARY)

(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 Lab tests  
(Signed) osernaukoff, M. D.

5/12/1930 (Address) Washington 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 St Ignatius Church Concord Hill DATE OF BURIAL May 13 1930

20. UNDERTAKER Mrs. ... & Vith Washington mo. ADDRESS .....

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.

5 1930

