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

Do not use this space.

23798

1. PLACE OF DEATH
County Perry
Township Central
City Perryville (No. ..... St. ..... Ward)
Registration District No. 660
Primary Registration District No. 4396
File No. 32
Registered No. .....

2. FULL NAME Louis Layton Bohnert

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-4-1930.

7. AGE: YEARS | MONTHS | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Perryville, Mo.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Vincent Bohnert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Longtown
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Agnes Penny
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Mary's,
(STATE OR COUNTRY) Missouri

14. INFORMANT Vincent Bohnert
(Address) Perryville, Mo.

15. FILED 7/7, 1930. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-6- 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-4-, 1930, to 7-6-, 1930 that I last saw him alive on 7-6-, 1930 and that death occurred, on the date stated above, at 6:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: —
Melena Neonatorum
1610
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 1612
(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? General symptoms
(Signed) E. G. Neidert, M. D
, 19 (Address)

*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. Boniface
DATE OF BURIAL: 7/7 1930

20. UNDERTAKER: Zoellner & Young
ADDRESS: Perryville

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.