

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.

NOV 21 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph, Mo.

Primary Registration District No. 1001

City St. Joseph, Mo.

(No. 322 South 15th)

File No. 32198

Registered No. 1182

St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence. No. 322 South 15th 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)

Married

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

Male Bocher

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

Sept 22, 1892

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

38

1

8

8. OCCUPATION OF DECEASED

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

Hardware Salesman

(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)

Burlington Junction  
Missouri

10. NAME OF FATHER

Benjamin Bocher

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

Unknown  
Indiana

12. MAIDEN NAME OF MOTHER

Laura Webb

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

Unknown  
Illinois

14. INFORMANT

Male Bocher

(Address)

St. Joseph, Mo.

15. FILED

31 1930

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 30, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1930, to Oct 30, 1930

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 3:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Suicide - By Fire Arms at Home  
322 So. 15th - St Joseph, Mo.

CONTRIBUTORY (SECONDARY) 10' (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? 710 DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? 710

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. W. Tadlock, Coroner, M. D.

10/31, 1930 (Address) 821 Francis

\*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

Burlington Jns Mo

Nov 10, 1930

20. UNDERTAKER

Deeman Funeral Home

ADDRESS

1946 Calhoun

FEB 17 1942