

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.

APR 21 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9454

1. PLACE OF DEATH

County GASCONADE
 Township BREUF
 City (No.)

Registration District No. 206
 Primary Registration District No. 1424

File No.
 Registered No. 5
 St. Ward

2. FULL NAME

JACOB BOESCH

(a) Residence. No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 70 yrs. ☒ mos. ☒ ds. How long in U. S., if of foreign birth? 83 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

MARTHA BOESCH

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC 2 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 3 7

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER ANDREW BOESCH

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

12. MAIDEN NAME OF MOTHER NEE FLUETSCH

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

14. INFORMANT J. J. Boesch
 (Address) Hermann mo

15. FILED 3, 9, 1931 John Engelbrecht
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 9, 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1927 to Mar 8, 1931
 that I last saw him alive on Mar 7, 1931, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

dying due to chronic proctitis
about 4 yrs. (duration) mos. ds.
 CONTRIBUTORY (SECONDARY) arteriosclerosis
about 4 yrs. (duration) mos. ds.

18. WHERE WAS DISEASE CONTRACTED

(IF NOT AT PLACE OF DEATH) at place of death
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Physical
 (Signed) John Engelbrecht, M.D.
 19 (Address) Stamf Hill, 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 Ev. SWISS CEMETERY DATE OF BURIAL 3/11 1931

20. UNDERTAKER HERMAN BLUMER ADDRESS Hermann
mo

