

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

Do not use this space.

13625

File No. ~~39~~ 46  
Registered No. 218  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Cooper Registration District No. 218  
Township \_\_\_\_\_ Primary Registration District No. 2015  
City Boonville (No. \_\_\_\_\_)

**2. FULL NAME** Mrs Matilda Christman

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10<sup>th</sup> 1931

5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Christman

17. I HEREBY CERTIFY That I attended deceased from 12 1930 to Apr 10 1931  
that I last saw h. or alive on Apr 10 1931, and that death occurred, on the date stated above, at 8:35 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 - 1852

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 11 9

Disability due to Alzheimer's disease

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) 245  
(c) Name of employer \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
CONTRIBUTORY (SECONDARY) 84 (duration) 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville MO

10. NAME OF FATHER Henry Hofer

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

12. MAIDEN NAME OF MOTHER Sasetta Eckhard

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

14. INFORMANT (Address) Henry Christman Boonville Mo

15. FILED 5/7 31 Ja Rueser REGISTRAR

18. WHERE WAS DISEASE CONTRACTED (continued)  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
CONTRIBUTORY (SECONDARY) 84 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED (continued)  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Sent. sm. only  
(Signed) C.H. Jencks M.D.

, 19 (Address) Boonville, 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  
Boonville 4/12 1931

20. UNDERTAKER ADDRESS  
Goodman & Boller Boonville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 23 1931

