

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

Do not use this space.

**1. PLACE OF DEATH**

County Laurance  
Township Wynant  
City                      (No.                     )

Registration District No. 472  
Primary Registration District No. 5636

File No. 25527  
Registered No.                      St.                      Ward                     

**2. FULL NAME**

Henry Burdman

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 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) May 25 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
49 | 1 | 19 |                     

**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) Laurance Co. MO  
(STATE OR COUNTRY)

10. NAME OF FATHER Carl Ernest H. Bohman

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

12. MAIDEN NAME OF MOTHER Christine Federking

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

14. INFORMANT J. H. Bohman  
(Address) Wynant A. 2

15. FILED 8/7, 1931 Thos. H. Powell  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1931

17. I HEREBY CERTIFY, That I attended deceased from 5/30, 1931, to 7/10, 1931, that I last saw him alive on 7/14, 1931, and that death occurred, on the date stated above, at 7/13.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of  
Stomach & Bowels  
4 1/2 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) ABC  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH:                     

19. Did an operation precede death?                      DATE OF                     

20. WAS THERE AN AUTOPSY?                     

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W B York, M. D.  
, 19                      (Address) Surprise 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 Evangelical DATE OF BURIAL July 15 1931

20. UNDERTAKER Phillips & Fossett ADDRESS Wynant

AUG 26 1931



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Lawrence Registration District No. 472 File No. \_\_\_\_\_  
 Township Wesport Primary Registration District No. 5636 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Henry Buchman  
 (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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S  
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1931

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

22. I HEREBY CERTIFY, That I attended deceased from 5-30 to 8-29, 1931.

I last saw him alive on 8-29, 1931. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

10 Carcinoma of stomach & bowels the first of last year. Date of onset about

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: color

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

Name of operation 460 none Date of \_\_\_\_\_

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

What test confirmed diagnosis? diag Was there an autopsy? no

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS)

(Signed) [Signature], M. D.  
 (Address) \_\_\_\_\_

20. FILED \_\_\_\_\_, 19\_\_\_\_

Registrar \_\_\_\_\_

SUPPLEMENTARY

PCW

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-25501