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

Do not use this space.

36574

DEC 26 '93

1. PLACE OF DEATH

County _Shannon_   Registration District No. _822_   File No. _____

Township _Birch Tree_   Primary Registration District No. _4497_   Registered No. _7_

City _Birch Tree_ (No. _____,   St. _____ Ward)

2. FULL NAME _Betty Lou Boekman_

(a) Residence. No. _____ St., _____ Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

2

3. SEX _F_   **4. COLOR OR RACE** _White_   **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) _single_

16. DATE OF DEATH (MONTH, DAY AND YEAR) _Oct 15_ 19_31_

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

17.
I HEREBY CERTIFY, That I attended deceased from _Oct 11_, 19_31_, to _Oct 15_, 19_31_
that I last saw h__ alive on _Oct 15_, 19_31_, and that
death occurred, on the date stated above, at _10:25_ __ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _Mch 22, 1929_

7. AGE   YEARS _2_   MONTHS _6_   DAYS _23_   If LESS than 1 day, _____ hrs. or _____ min.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria
_8_
_10_

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 _____

(duration) _____ yrs. _____ mos. _5_ ds.

CONTRIBUTORY (SECONDARY) _Scarlet fever_

(duration) _____ yrs. _____ mos. _3_ ds.

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) _Missouri_

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER _William O. Boekman_

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

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

WAS THERE AN AUTOPSY? _____

12. MAIDEN NAME OF MOTHER _Della Marie Ball_

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) _R. L. Davis_, M. D.

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

, 19   (Address) _Birch Tree_

*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.

14. INFORMANT _W. C. Boekman_
(Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _Oak Forest Cemetery_   **DATE OF BURIAL** _____ 19_

15. FILED _____, 19 ___   _R. L. Davis_   REGISTRAR

20. UNDERTAKER _F. B. Kelly_   **ADDRESS** _Birch__