

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

Do not use this space.

40493

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville (No. _____)

Registration District No. 218
Primary Registration District No. 3013

File No. 129
Registered No. 218
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____
(Usual place of abode)

St. _____ Ward _____

(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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1870

7. AGE YEARS 61 MONTHS 5 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

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 _____

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

13. NAME John Boehm

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

15. MAIDEN NAME Margaret Zimmerman

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

17. INFORMANT Mrs John Boehm (ADDRESS) Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL Walnut Grove Cem PLACE _____ DATE 12/23-1931

19. UNDERTAKER Goodman & Boller (ADDRESS) Boonville Mo

20. FILED SEP 23 1931 g. a. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21-1931

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1931, to Dec 21, 1931. I last saw h. in alive on Dec 21, 1931. Death is said to have occurred on the date stated above, at 1:30 a. m. The principal cause of death and related causes of importance were as follows:

Carcinoma bronchopulm.
Reck (left side)
53
Date of onset May 1921

Other contributory causes of importance:
Ovarian metastases
in Medulla

Name of operation Removal of glands Date of June 1931
What test confirmed diagnosis? Microscopic Was there an autopsy? No

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

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Henry Rauscher, M. D.
(Address) Boonville Mo

MARGIN RESERVED FOR BINDING

V. NO. 2.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 20 1932

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