

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

Do not use this space.

42861

**1. PLACE OF DEATH**

37 County Spokane  
Township Pickland  
City Polkham

Registration District No. 304  
Primary Registration District No. 042

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs Lydia Bohler

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 3 yrs. 7 mos. 17 ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
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 Jacob Bohler  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24, 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mls.  
61      2      15  
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) 235  
(c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/10 1932  
17. I HEREBY CERTIFY, That I attended deceased from 2/7 to 2/10, 1932 that I last saw him alive on 2/9, 1932 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Nephritis  
131 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Howard Horkauer, M. D.  
(Address) Pershing 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.

9. BIRTHPLACE (CITY OR TOWN) Ansoldingen  
(STATE OR COUNTRY) Switzerland  
10. NAME OF FATHER John Wenger  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Switzerland  
(STATE OR COUNTRY) Ansoldingen  
12. MAIDEN NAME OF MOTHER Do not know  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ansoldingen  
(STATE OR COUNTRY) Switzerland

14. INFORMANT J. Bohler  
(Address) Pershing mo  
15. FILED 2-17-32 G. K. Kicker  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pershing Cemetery DATE OF BURIAL 2-12-1932  
20. UNDERTAKER Arnold Hummert ADDRESS Morrison  
770

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.

FEB 24 1932

WRITE PLAINLY, WITH UNFADING INK---THIS IS APPEALMENT RECORD

