

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.

SEP 22 1932

Dr. Aldredson
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25727

178

1. PLACE OF DEATH
 26 County Cole Registration District No. 213
 3 Township _____ Primary Registration District No. 3014
 8 City Jefferson City (No. _____ St. _____ Ward _____)

2. FULL NAME Fred Boehm
Linn, Mo.
 (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

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 Anna			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1862			
7. AGE	YEARS	MONTHS	DAYS
	70	6	18
IF LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		
	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) Richfountain, Mo. (STATE OR COUNTRY) _____			
FATHER	13. NAME Unknown		
	14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____		
MOTHER	15. MAIDEN NAME Unknown		
	16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____		
17. INFORMANT Joe Boehm (ADDRESS) Jefferson City, Mo.			
18. BURIAL, CREMATION, OR REMOVAL PLACE Linn, Mo. DATE Aug. 9, 1932			
19. UNDERTAKER Heinrichs Funeral Home (ADDRESS) Jefferson City, Mo.			
20. FILED 8/10/32 1932 J. R. Buford Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 6, 1932**

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 to Aug 6 1932
 I last saw him alive on Aug 6 1932 Death is said to have occurred on the date stated above at 4 P.M.
 The principal cause of death and related causes of importance were as follows:
46 B
46 B
Cashia Carcinoma
 Other contributory causes of importance: **1**
Atherosclerosis
 Name of operation Esophagostomy Date of Aug 31
 What test confirmed diagnosis? ap Was there an autopsy? Yes

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? _____
 If so, specify _____
 (Signed) M. R. Aldredson, M. D.
 (Address) Jefferson

