

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

Do not use this space.

File No. **31641**
Registered No. **252**
St. **St. Francis Hospital** Ward

1. PLACE OF DEATH
16 County **Cape Girardeau** Registration District No. **125**
1 Township **Cape Girardeau** Primary Registration District No. **3009**
8 City **Cape Girardeau** (No. **St. Francis Hospital** St. _____ Ward)

2. FULL NAME **Henrietta Bucher**
(a) Residence, No. _____ St. _____ Ward. **New Hamburg, Mo**
(Usual place of abode)
Length of residence in city or town where death occurred yrs. **about 4** mos. **How long in U. S., if of foreign birth?** yrs. _____ mos. _____ ds.

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 Michael Bucher		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27-1899		
7. AGE	YEARS 32	MONTHS 11
	DAYS 21	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife	
	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) New Hamburg, Mo.		
MOTHER	13. NAME John Reinhart	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
	15. MAIDEN NAME Elizabeth Bollinger	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County, Mo.	
17. INFORMANT (ADDRESS) Michael Bucher, New Hamburg		
18. BURIAL, CREMATION, OR REMOVAL PLACE New Hamburg DATE 10/20/32		
19. UNDERTAKER (ADDRESS) Mike Welder, Rebo, Mo.		
20. FILED 10/19, 1932 W.C. Kempter Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 18, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 17**, 1932, to **Oct 18**, 1932. I last saw her alive on **Oct 18**, 1932. Death is said to have occurred on the date stated above, at **7:15** a.m. The principal cause of death and related causes of importance were as follows:
Placenta Praevia
Date of onset _____

Other contributory causes of importance:
Haemorrhage (1)

Name of operation **Cesarean Section** Date of **9/18/32**
What test confirmed diagnosis? **Operative** 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) **W. H. C. Reserch** M. D.
(Address) **Cape Girardeau, Mo.**

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.

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