

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

Do not use this space.

34744

1. PLACE OF DEATH

County Douglas
Township Wayne
City Wayne (No. 1)

Registration District No. 69
Primary Registration District No. 2-108

File No. 17
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Bohbel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9 1849
7. AGE YEARS 82 MONTHS 11 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Ind.

MOTHER 13. NAME William D. Sanders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Mary M. Fisher

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

17. INFORMANT C. A. Barker (ADDRESS) Wayne, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Burial DATE 11-28 1932

19. UNDERTAKER Ray Fisher (ADDRESS) Wayne, Mo.

20. FILED 11-28 1932 A. T. Karpovich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1932 to Nov 27, 1932
I last saw he alive on Nov 26, 1932 Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:
82A
Chenical hemorrhage
Other contributory causes of importance: 82A

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) A. T. Karpovich, M. D.
(Address) Wayne, Mo.

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 7 1933

MARGIN RESERVED FOR BINDING

V. S. NO. 1

