

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 9 1933

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

Do not use this space.

35344 19

1. PLACE OF DEATH

37 County Greene
Township Richland
City Richland (No. 304)

Registration District No. 304

Primary Registration District No. 0421

File No. 35344

Registered No. 19

St. Richland

Ward 1

2. FULL NAME

(a) Residence. No. Elizabith L. Bohl

(Usual place of abode)

St. Richland

Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 25 ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Hugo Bohl

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec. 1 - 1873

7. AGE

YEARS 58

MONTHS

11

DAYS

25

If LESS than 1 day, hrs. 235 or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Potladam, Gasconade Co. Missouri

10. NAME OF FATHER

William Wiedtman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany 10

12. MAIDEN NAME OF MOTHER

Louisa Meyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bayl, Missouri

14.

INFORMANT

(Address)

Victor Bohl Pershing, Mo.

15.

FILED

1-28, 1932 F. L. Kicker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Nov 26th 1932

17.

HEREBY, CERTIFY, That I attended deceased from 1932

beginning, 1932, to Nov 26th, 1932, that I last saw her alive on Nov 26th, 1932, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Failure

200 200 200

(duration) yrs. 2 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

asphyx

(duration) yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

A. W. Quinn, M.D.

, 19

(Address)

Swiss Ave.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Pershing Cemetery

11-28 1932

20. UNDERTAKER

ADDRESS

Arnold Hummert

Marion

