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

Do not use this space.

32714

File No.

Registered No. 75

1. PLACE OF DEATH

County Franklin — Registration District No. 297

Township Washington — Primary Registration District No. 3016

City Washington (No. —, St. Ward)

2. FULL NAME Theodore Boeckmann

(a) Residence, No. 5th & Walnut Washington Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 0 mos. 0 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 Louisa Hosfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17th-1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
73	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

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) Hanover Germany

FATHER

13. NAME Henry Boeckmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

17. INFORMANT (ADDRESS) Mrs Wm Sullentrup Washington Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Catholic Cemetery
PLACE Washington Mo DATE Oct 27th 1933

19. UNDERTAKER (ADDRESS) Otto & Co G H O Washington Mo

20. FILED Oct. 27 1933 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to Oct 23, 1933

I last saw him alive on Oct 23, 1933. Death is said to have occurred on the date stated above, at 4:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon (splenic flexure)	? unknown
46 C 46	

Other contributory causes of importance:

none ✓

Name of operation Date of

What test confirmed diagnosis? 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) J. F. Post, M. D.

(Address) Washington 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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...WITH UNFADING INK—THIS IS A PERMANENT RECORD