

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

Do not use this space.

36049

1. PLACE OF DEATH

County Cooper Registration District No. 218
Township Boonville Primary Registration District No. 3015
City Boonville (No. 95) St. _____ Ward _____

File No. 95

Registered No. _____

2. FULL NAME

(a) Residence, Boonville St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth, 50 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 Katharine Sommerhausen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
74 7 12

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. Housewife
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) Birk Germany

13. NAME John Sommerhausen

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

15. MAIDEN NAME Mary Weber

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

17. INFORMANT Mrs. Oscar Finkert
(ADDRESS) Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville DATE 11/16, 1933

19. UNDERTAKER L. G. Ambrose
(ADDRESS) Boonville, Mo.

20. FILED 11/13, 1933 N. P. M. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1933, to Nov 13, 1933
I last saw him alive on Nov 12, 1933. Death is said to have occurred on the date stated above, at 6:20 a. m.
The principal cause of death and related causes of importance were as follows:

Pericarditis, Myocarditis
U.I.E.
U.I.E.
Other contributory causes of importance: Pericarditis, gallbladder disease
of liver

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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) Dr. H. V. Rave M. D.
(Address) Boonville, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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