

MAY 25 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Charles  
Township St. Charles  
City St. Charles (No. St. Joseph's Hospital)

Registration District No. 757  
Primary Registration District No. 3036

File No. 13981  
Registered No. 55  
St. 2 (Ward)

## 2. FULL NAME

(a) Residence, No. 10 miles south of St. Charles, near Harvester, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Bollmann (nee Grote)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 12, 1889</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>—</u>
	DAYS <u>27</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>March 14, 1934</u>	
11. Total time (years) all spent in this occupation <u>all life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Co., Mo.</u>		
MOTHER	13. NAME <u>Barney Bollmann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Co., Mo.</u>	
	15. MAIDEN NAME <u>Frederika Benzel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Co., Mo.</u>	
17. INFORMANT (ADDRESS) <u>Julius Bollmann 609 S. 4th St. St. Charles, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Freedom Cemetery</u> DATE <u>April 11, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Steinbrink's St. Charles, Mo.</u>		
20. FILED <u>4/10</u> 19 <u>34</u> <u>Charles J. Weasles</u> Registrar.		

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1934, to April 8, 1934.  
I last saw him alive on April 8, 1934. Death is said to have occurred on the date stated above, at 8:45 A.M.  
The principal cause of death and related causes of importance were as follows:

Sepsis from infection related to a fall while tending team.  
Date of onset 3/27/34

Other contributory causes of importance

Name of operation 1915 Date of 1942  
What test confirmed diagnosis? 56 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) John Joseph M. D.  
(Address) St. Charles, 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.

