

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.

DEC 13 1934

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

Do not use this space.

38932

1. PLACE OF DEATH

County Cooper Registration District No. 218 File No. 160
Township _____ Primary Registration District No. 3015 Registered No. _____
City Boonville (No. _____) St Joseph Hospital St. _____ Ward _____

2. FULL NAME

Otto Fuchring
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-2-1903

7. AGE YEARS 31 MONTHS 1 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. Farmer
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) Genoa (STATE OR COUNTRY) Saline Co. Mo.

MOTHER FATHER
13. NAME John Fuchring

14. BIRTHPLACE (CITY OR TOWN) Stover (STATE OR COUNTRY) Morgan Co. Mo.

15. MAIDEN NAME Christina Bodestab

16. BIRTHPLACE (CITY OR TOWN) Lafayette (STATE OR COUNTRY) Mo.

17. INFORMANT Nancy Fuchring (ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Holy Cross Cemetery DATE Nov-22-34

19. UNDERTAKER N. F. Billendary (ADDRESS) Boonville Mo.

20. FILED Nov 20 1934 D. M. Bayouth Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1934, to Nov. 20, 1934

I last saw h. i. m. alive on Nov. 20, 1934. Death is said

to have occurred on the date stated above, at 7 P. M.

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

Diabetes mellitus
Embolism of MCA
Kyellitis

Date of onset
10/24/34

Other contributory causes of importance:
1337
1517 54

Name of operation None Date of _____

What test confirmed diagnosis? Phys. tests 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. W. ..., M. D.

(Address) Boonville, Mo.

