

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

Do not use this space.

JUN 28 1935

17574

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

File No. _____

Township St. Francois

Primary Registration District No. 6018A

Registered No. 79

Near City Farmington, Mo. (No. _____ St. _____ Ward)

2. FULL NAME Andrew Boenecke

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1935, to May 16, 1935

I last saw him alive on May, 1935. Death is said to have occurred on the date stated above, at 9 P. M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormins.
75 4 24

Total Pneumonia Date of onset 5-14-35

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

Other contributory causes of importance:
Fractured left tibia into knee joint April 6-35
also similar Psychosis

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

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

13. NAME Frederick Boenecke,

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Unknown

Manner of injury _____
Nature of injury _____

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

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

(Signed) P. J. Hahn, M. D.
(Address) Hosp. # 4 Farmington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery DATE 5-18 1935

19. UNDERTAKER Louis H. Bopp
(ADDRESS) Norwood Mo.

20. FILED May 18, 1935 T. J. Robinson
Registrar.

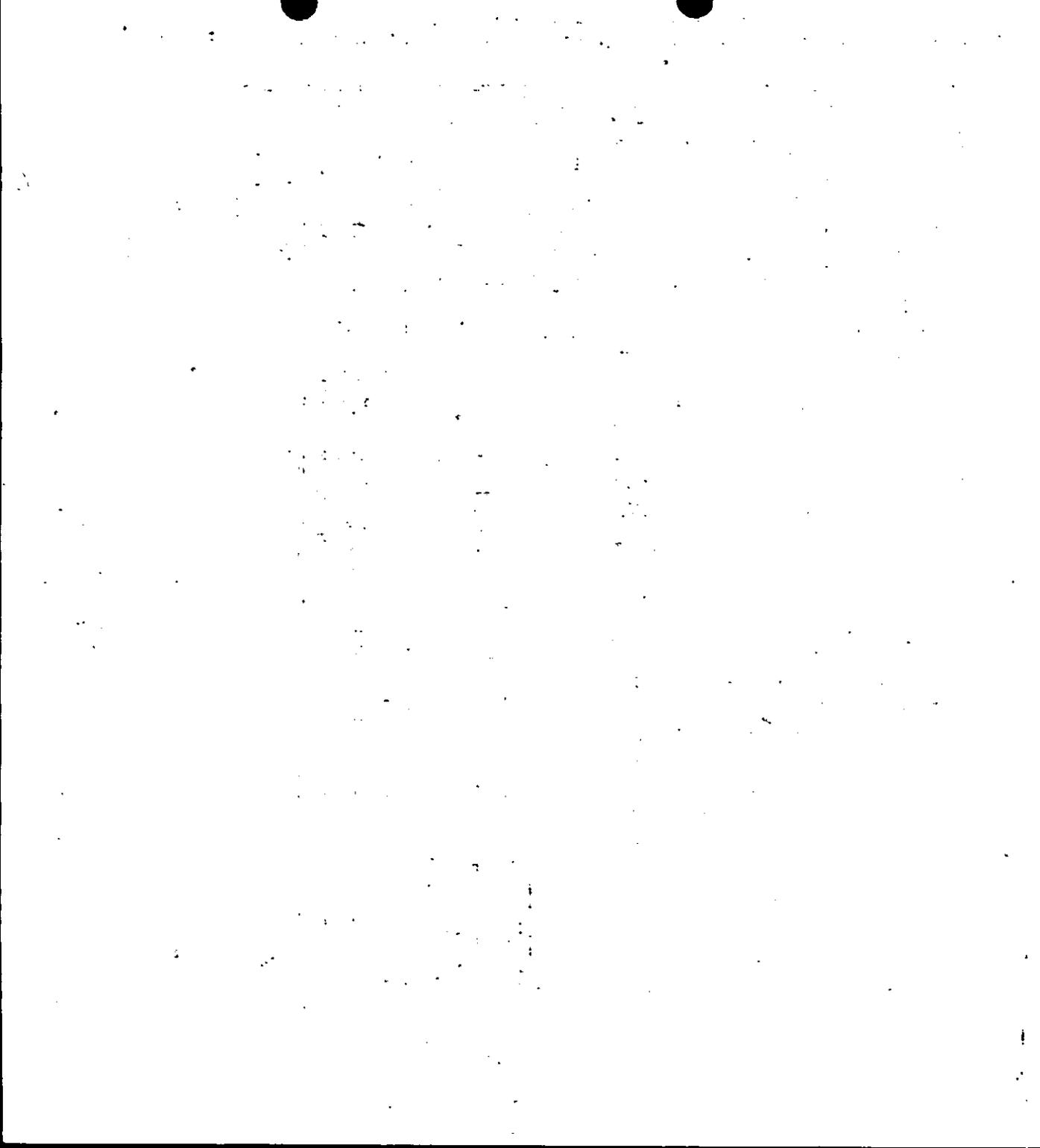
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X

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

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1. PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018 A
 City Farmington (No. _____) St. _____ Ward _____

2. FULL NAME Andrew Boenecke
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 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 M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) M

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

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

7. AGE YEARS 75 MONTHS 4 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 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. _____
 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) _____

FATHER
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED July 18, 1935 T. J. Robinson
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1935, to May 16, 1935.
 I last saw him alive on May 16, 1935. Death is said to have occurred on the date stated above, at 9 P. M.
 The principal cause of death and related causes of importance were as follows:
Polar Pneumonia
 Date of onset 5-16-35

Other contributory causes of importance:
fractured left tibia into knee joint

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Auto accident Date of injury May 3, 1935
 Where did injury occur? can't say it happened from some place
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Auto accident on highway
 Manner of injury another machine struck his
 Nature of injury fracture left tibia into knee joint

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify can't say
 (Signed) P. S. Tate, M. D.
 (Address) Hoop #4 Farmington Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 12 1963

S-17574