

JUN 28 1935

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

Do not use this space.

17604

1. PLACE OF DEATH

County St. Genevieve
Township Jackson
City (No.)

Registration District No. 780
Primary Registration District No. 6028

File No.
Registered No. 29
St. Ward)

2. FULL NAME Herman J. Bockenkamp

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gasman (retired)

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) Texas

13. NAME Julius Bockenkamp

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

15. MAIDEN NAME Wilhelmina Dammersburg

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

17. INFORMANT (ADDRESS) Mrs. Jane Friens
Hinsley Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bockenkamp Cemetery DATE May 28 1935

19. UNDERTAKER (ADDRESS) W. C. Basher
St. Genevieve Mo

20. FILED May 27 1935 T. W. Douglass
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1935

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1935, to May 26, 1935

I last saw him alive on May 26, 1935. Death is said to have occurred on the date stated above, at 8:40 am.

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

Pulmonary Tuberculosis Date of onset 1930

Other contributory causes of importance Chronic Nephritis 1931

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) Arthur E. Seifert, M. D.

(Address) St. Genevieve 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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