

SEP 20 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26129

1. PLACE OF DEATH

County LASCONADERegistration District No. 303Township ROARKPrimary Registration District No. 5420

City

(No.)

St. Ward

2. FULL NAME

WALTER CHARLES BOCK

(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

3. SEX

MALE

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 OFVIOLA BOCK

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

OCT. 26-1896

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.38927

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

Shoe Factory, Mo.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Shoe Factory

10. Date deceased last worked at this occupation (month and year)

Dec. 1934

11. Total time (years) spent in this occupation

124 yrs.

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

Hermann Mo.

13. NAME

Fritz G. Bock

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

Hermann Mo.

15. MAIDEN NAME

Lena Buschmeyer

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

Hermann Mo.

17. INFORMANT (ADDRESS)

Mrs. Walter Bock Hermann, Mo. R 2A

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hermann City, Mo. DATE Aug. 26, 1935

19. UNDERTAKER (ADDRESS)

Hugo Blum Hermann, Mo.

20. FILED

8-24-35 Anna K. Rickhoff

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 193522. I HEREBY CERTIFY, That I attended deceased from Dec 5-1935 to Aug 23, 1935I last saw him alive on Aug 20, 1935. Death is said to have occurred on the date stated above, at 10 a. m.

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

Tuberculosis of throat

Date of onset

about Nov 1934

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Microscopical. Was there an autopsy? No23. 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)

H. J. Rickhoff, M. D.
Hermann Mo.

(Address)

