

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

Do not use this space.

OCT 25 1935

30081

1. PLACE OF DEATH

County Marion  
Township Boone  
City Meta (No. ....)

Registration District No. 543  
Primary Registration District No. 5773

File No. ....  
Registered No. 8 St. .... Ward)

2. FULL NAME

Raymond Boeckmann  
(a) Residence, No. Meta 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 20 1935</u>		
7. AGE YEARS	MONTHS	DAYS
		3
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

13. NAME H. H. Boeckmann

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

15. MAIDEN NAME Theresa Dubert

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

17. INFORMANT (ADDRESS) Louis Boeckmann Meta

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Elizabeth's DATE Sept 23 1935

19. UNDERTAKER (ADDRESS) Rosa Lawson

20. FILED 9-23 1935 Rosa Lawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1935 to Sept 22 1935  
I last saw him alive on Sept 22 1935 Death is said to have occurred on the date stated above, at 12:30 a. m.  
The principal cause of death and related causes of importance were as follows:  
Fatal Endocarditis

Other contributory causes of importance:  
1570

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? ..... 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) M. L. Johnson D.O.  
(Address) St. Elizabeth's Mo.

