

FEB 20 1936

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

Do not use this space.

2244

1. PLACE OF DEATH

County Montgomery  
Township Beauregard  
City Juniata (No. \_\_\_\_\_)

Registration District No. 589  
Primary Registration District No. 4747

File No. \_\_\_\_\_  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Sarah Nancy Bachman

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Bachman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 26 1872</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>29</u>	DAYS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1935 to Jan 29 1936

I last saw him alive on Jan 27 1936 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Pneumonia  
Cerebral Hemorrhage  
Date of onset 1-26-36  
12-10-35

OCCUPATION

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

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:  
metastatic neoplasm 12 P

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co Mo

FATHER

13. NAME Yancy Edman

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

MOTHER

15. MAIDEN NAME Virginia Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co Mo

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? no

17. INFORMANT Frank Bachman  
(ADDRESS) Juniata Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Juniata Mo DATE Feb 1 1936

19. UNDERTAKER C. M. Bachman  
(ADDRESS) Juniata Mo

20. FILED Feb 7 1936 E. A. Ball  
Registrar.

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) James O. Helms, M. D.  
(Address) New Florence Mo

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

Jefferson City Missouri  
June 2nd, 1936.

This is to certify that I, Frank J. Boehmer, am the husband of the late Sarah Nancy Elmore Boehmer, whose name is given on her certificate of death as Sarah Nancy Boehmer. I hereby certify that Sarah Nancy Boehmer was always known as Nancy E. Boehmer and signed her name in that way. I wish by this statement to prove that Sarah Nancy Boehmer and Nancy E. Boehmer are one and the same person and wish her name changed on this record to Nancy E. Boehmer.

Sworn to before me  
this 3<sup>rd</sup> day of June, 1936

Etha B. Schlein  
Notary Public

My Commission Expires  
Jan. 4, 1938

Signed

*Frank J. Boehmer*  
Frank J. Boehmer

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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Montgomery Registration District No. 589 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4347 Registered No. \_\_\_\_\_  
 City Jonesburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Nancy E. Bohmer  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1936

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs or \_\_\_\_\_ min  
63 9 3

Date of onset

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

Other contributory causes of importance:  
Interstitial nephritis chronic

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

13. NAME

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

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 Jan 13 1936 W. A. Bell Registrar

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) James A. Helm, M. D. (Address) New Florence Mo

SUPPLEMENTARY

121

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