JUN 16 1936

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

Do not use this space.

21953

File No.

Registered No. 19

1. PLACE OF DEATH
County Benton
Township Williams
City Cole Camp (No. , St. Ward)

Registration District No. 59
Primary Registration District No. 5094

2. FULL NAME Herman Henry Boeschen

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 4th, 1896

7. AGE: Years 40 | Months 1 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Benton Co. Mo.

FATHER
13. NAME John C. Boeschen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

MOTHER
15. MAIDEN NAME Sena Ehlers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence, Mo.

17. INFORMANT John C. Boeschen
(ADDRESS) Cole Camp, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Balke Prarie Cem DATE June 22, 1936

19. UNDERTAKER C. R. Rapp & Son
(ADDRESS) Stover, Mo.

20. FILED 6-20, 1936 Sue Selowers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-9-, 1936, to 6-19-, 1936
I last saw him alive on 6-19, 1936. Death is said to have occurred on the date stated above, at 7.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Purulent Infection caused from abscessed tooth	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Harry Bay, M. D.
(Address) Cole Camp, Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.