

JUL 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County *Lafayette*

Registration District No. *457 V*

23373

Township *Concordia Mo*

Primary Registration District No. *4271*

File No.

City *Concordia Mo* (No.)

St. Ward)

Registered No. *14*

2. FULL NAME

Mrs Dorothea Bosselman

(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 15 - 1859*

7. AGE YEARS *76* MONTHS *11* DAYS If LESS than 1 day, hrs. or min.

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

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) *Wood Co Ohio*

13. NAME *Miriam Messer*

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

15. MAIDEN NAME *Madalmina Peiner*

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

17. INFORMANT (ADDRESS) *Wm Messer*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Paul Cemetery* DATE *6-17-36*

19. UNDERTAKER (ADDRESS) *Franklin Weg*

20. FILED *June 14 1936* *Dorinda Shryman* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 15 1936*

22. I HEREBY CERTIFY, That I attended deceased from *4-6 1936 to 6-15 36*

I last saw her alive on *6-14 1936* Death is said to have occurred on the date stated above, at *3:30* m.

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

Carcinoma Pancreas & Pyloric end of Stomach.

Other contributory causes of importance:

Diabetes melitus

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *yes*

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) *E. J. Johnston*, M. D.

(Address) *Concordia*

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AMERICAN CENTRAL BANK OF DENVER

DEPT. OF THE TREASURY
WASHINGTON, D. C.

FEDERAL RESERVE BANK OF DENVER
1601 CHURCH STREET
DENVER, COLORADO

AMERICAN CENTRAL BANK OF DENVER
1601 CHURCH STREET
DENVER, COLORADO

AMERICAN CENTRAL BANK OF DENVER
1601 CHURCH STREET
DENVER, COLORADO

1936-6-10-10

1859-7-10-10
76-11-00

AMERICAN CENTRAL BANK OF DENVER
1601 CHURCH STREET
DENVER, COLORADO

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette Registration District No. 457 File No. _____
 Township _____ Primary Registration District No. 4271 Registered No. 14
 City Concordia (No. _____) St. _____ Ward _____

2. FULL NAME Mrs Dorothea Bosschman

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 11

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

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 June 16, 1936 Berlinus Shyman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him/her 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:

Carcinoma Pancreas & pyloric end of stomach
Primary seat Pylorus

Other contributory causes of importance:

46

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) E. L. Johnston, M. D.
 (Address) Concordia, Mo.

SUPPLEMENT

S-28373