

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.

OCT 21 1936

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

Do not use this space.

34098

1. PLACE OF DEATH

County BaseRegistration District No. 303

File No.

Township HermanPrimary Registration District No. 4182

Registered No.

City Herman (No.)

St. Ward)

2. FULL NAME

(a) Residence, No. John B. Bohelken 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Bohelken6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 18557. AGE YEARS 78 MONTHS 3 DAYS 6 If LESS than 1 day, ... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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) Herman Mo13. NAME John H. Bohelken14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gerry Mo15. MAIDEN NAME Jacqueline Grossman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herman Mo17. INFORMANT John Bohelken Jr. (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE Herman DATE 10/23/3619. UNDERTAKER E. R. Ruediger (ADDRESS) 20. FILED 10-1 19 36 Anna R. Rieckly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29/3622. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1936, to Sept. 28, 1936.I last saw him alive on Sept. 28, 1936. Death is saidto have occurred on the date stated above, at 1:52 A.M.

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

Artic. insufficiency
Chronic interstitial nephritis
131
Date of onset 4/17/36

Other contributory causes of importance:

Name of operation Date of 19

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? no

If so, specify

(Signed) W. A. Jeter DD(Address) Herman, Mo.

