

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.

JAN 20 1937

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

Do not use this space.

2096

1. PLACE OF DEATH

County Swiringston Registration District No. 5-8
Township Lehillicothe Primary Registration District No. 30 2/26
City Lehillicothe (No.) St. Ward)

File No.
Registered No. 5

2. FULL NAME Christian Boehner

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-10-1866

7. AGE YEARS 80 MONTHS 8 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant (Ret)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank & groceries

10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wuerzburg, Germany

13. NAME Christian Boehner

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

15. MAIDEN NAME Christian Shaper

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

17. INFORMANT Henry C Boehner (ADDRESS) Lehillicothe, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE Jan-6-1937

19. UNDERTAKER Jan D Gordon (ADDRESS) Lehillicothe, Mo

20. FILED Jan 5 1937 Donald H. Maxwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-3-1937

22. I HEREBY CERTIFY That I attended deceased from Nov 14 1936, to Jan 3 1937

I last saw him alive on Jan 2 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Cerebral hemorrhage

Date of onset 12/31/36

Other contributory causes of importance: Arteriosclerosis, acute myocarditis

Name of operation Date of

What test confirmed diagnosis? Physiologist 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? no If so, specify

(Signed) M. M. Russell M.D. M. D. (Address) Lehillicothe, Mo

