

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

Do not use this space.

SEP 15 1937

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. St. Josephs Hospital)

File No. 30215
Registered No. 942
St. _____ Ward _____

2. FULL NAME Anna Mary Boegle

(a) Residence, No. 1107 Ridenbaugh St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 49 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

3. SEX	4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
	<u>Female</u>	<u>White</u>	<u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Oscar Boegle</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2, 1870.</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>3</u>	<u>26</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
	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) <u>Wertenberg, Germany</u>				
FATHER	13. NAME <u>John Wurker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>			
MOTHER	15. MAIDEN NAME <u>Anna Mary Gretz</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>			
17. INFORMANT <u>Christina O. Meara</u> (ADDRESS) <u>1327 1/2 No. 10 Str St. Joseph</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Mt. Olivet Cent</u> PLACE <u>St. Joseph, Mo.</u> DATE <u>Aug. 30, 1937</u>				
19. UNDERTAKER <u>H. O. Sidenfaden & Son</u> (ADDRESS) <u>1802 Union Str St. Joseph, Mo.</u>				
20. FILED <u>Aug 30 1937</u> <u>N. J. Hechtel</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1937, to Aug 28, 1937.
I last saw her alive on Aug 28, 1937. Death is said to have occurred on the date stated above, at 2:40 p.m.
The principal cause of death and related causes of importance were as follows:
Slighter "Metetic" in person - for 7 days
Date of onset _____

Other contributory causes of importance:
Hypoglycemia (Laboratory finding)
my-

Name of operation None Date of _____
What test confirmed diagnosis? Physicist 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? Yes
If so, specify Work w/ D. Carey
(Signed) D. W. D. Carey M. D.
(Address) 703 Kirkpatrick Bldg

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.

