

SEP 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125  
 Township Cape Girardeau Primary Registration District No. 5178  
 City Cape Girardeau (No. Cape Girardeau) Home St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 30341Registered No. 261

## 2. FULL NAME

Louise Bock  
 (a) Residence, No. Cape Girardeau County 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mason Bock</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 19 1867</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>3</u>	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) Cape Girardeau Mo.

MOTHER FATHER 13. NAME Christoph Schrader

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

15. MAIDEN NAME Louisa Bock

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

17. INFORMANT Alma Schrader  
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Wassombunt Cem. DATE Aug 26 1937

19. UNDERTAKER (ADDRESS) Walker's Funeral Home  
Cape Girardeau, Mo.

20. FILED 8-24-37 J.M. Thompson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 193722. I HEREBY CERTIFY, that attended deceased from Jan 10 1934 to Aug 24 1937I last saw her alive on Aug 23 1937 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:

Internal Hemorrhage Date of onsetDue to perforatingGastric Ulcer 1936

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) J.P. Schwan, M. D.(Address) Jackson Mo

