

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.

DEC 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Warren
Township Warrensburg
City Warrensburg (No.)

Registration District No. 881
Primary Registration District No. 453K

File No. 42739
Registered No. 45
St. Ward

2. FULL NAME Emma Bohmer

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Bohmer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
	<u>83</u>	<u>9</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) near Wright City, Missouri

13. NAME Honrad Korthauke

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) O. J. Guller

18. BURIAL, CREMATION, OR REMOVAL PLACE Walsh Cemetery DATE 1/2 1937

19. UNDERTAKER (ADDRESS) F. W. Hixson

20. FILED Dec. 2 1937 Warrensburg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30th 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1937 to Nov. 30, 1937
I last saw her alive on Nov. 29, 1937 Death is said to have occurred on the date stated above, at 4:55 p.m.

The principal cause of death and related causes of importance were as follows:
Subacute Chole-
Cystitis - Empyema

Other contributory causes of importance:
Jaundice dropsy
Grav. senility

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) John H. Dyer, M. D.
(Address) Warrensburg Mo

