

JAN 25 1938

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

Do not use this space.

44834

1. PLACE OF DEATH

County Warren Registration District No. 882
Township Hockley Grove Primary Registration District No. 4535
City Wright City (No. _____) St. _____ (Ward) _____

File No. 47094
Registered No. 15

2. FULL NAME

Garrett Henry Bockhorst

(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 (use the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 1869

7. AGE YEARS 68 MONTHS 0 DAYS 16 if LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Warren

13. NAME Gerhard Bockhorst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Christiane Diemeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Terry J Bockhorst
8451 North Kansas City

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City Cem DATE 12/12 1937

19. UNDERTAKER (ADDRESS) Nieburg and Co
Wright City Mo.

20. FILED 12/11 1937 M J Clarenbach MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1937 to Dec 10 1937
I last saw him alive on Dec 10 1937 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis
Mitral Regurgitation (chronic) Date of onset 1930

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? Microsc. 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 J Clarenbach, M. D.
(Address) Wright City Mo

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.

