

JAN 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*
Township " " " " " "
City *St. Francis Hospital*

Registration District No. *1257*
Primary Registration District No. *30091*

File No. *44941*
Registered No. *389*
St. _____ Ward _____

2. FULL NAME

Clara L. Bohleke

(a) Residence, No. *1637* *Themis* 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 *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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 1 - 1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 1 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

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) *Bloomfield Mo*

13. NAME *R. J. Coates*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jenn.*

15. MAIDEN NAME *Louisa E. Barlett*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bloomfield*

17. INFORMANT *A. L. Coates* (ADDRESS) *Cape Girardeau Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Malden Mo.* DATE *Dec 7 1937*

19. UNDERTAKER *Walthus Und. Co.* (ADDRESS) *Cape Girardeau Mo.*

20. FILED *12-5-37* *J. M. Thompson* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 5 1937*

22. I HEREBY CERTIFY, That I attended deceased from *March 1 1934* to *Dec. 5 1937*

I last saw her alive on *Dec. 5 1937* Death is said

to have occurred on the date stated above, at *11:30 a.m.*

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

Branchial Pneumonia Date of onset *12-4-37*
Arterial Sclerosis *2-1-34*
myocarditis *3-1-34*
Carcinoma of right breast *11-1-37*

Other contributory causes of importance: *50*

Name of operation *Breast Amputation* Date of *12-2-37*

What test confirmed diagnosis? *Pathol. Diag.* 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) *P. A. Ritter* _____ M. D.
(Address) *Cape Girardeau, 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.

