

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

**3680**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Perry Registration District No. 660  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4396 Registered No. \_\_\_\_\_  
 (c) City Perryville (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

Harry Antone Bohner 563  
 (a) Residence, No. Edgemont Blvd St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1933

7. AGE YEARS 4 MONTHS 7 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as 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) Perry County, Mo.

FATHER 13. NAME John Vincent Bohner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County, Mo.

MOTHER 15. MAIDEN NAME Sarah Bohner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County, Mo.

17. INFORMANT (ADDRESS) John Bohner Perryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cemetery Perryville, Mo. DATE Jan. 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Bay Funeral Home Perryville, Mo.

20. FILED Jan 13 1938 Joe J. Zeller Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-9 1938, to 1-13 1938. I last saw him alive on 1-12 1938. Death is said to have occurred on the date stated above, at 2:00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Tracheal edema & obstruction  
Duration 1/2 hour  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 10

Diphtheria 4 days

Name of operation Tracheotomy Date of 1-10-38  
 What test confirmed diagnosis Throat Culture were 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) Oscar Carr, M. D.  
 (Address) Perryville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1939

SYSTEM OF VITAL STATISTICS  
IND. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Albert Berg, Licensed Embalmer No. 3866  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert Berg  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Albert Berg  
Licensed Embalmer No. 3866

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)