

REC'D MAR 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
 Township Long
 City Boonville Mo.

Registration District No. 775
 Primary Registration District No. 6020-A

File No. 8060
 Registered No. 16
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

Andrew William Backenkamp - 252
Boonville Mo. Ward _____

(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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 6 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Boonville Missouri13. NAME Carl Backenkamp14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri15. MAIDEN NAME Fannie Strong16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Missouri17. INFORMANT (ADDRESS) Carl Backenkamp Boonville Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Sermania cemetery Feb. 17 '3819. UNDERTAKER (ADDRESS) Boonville 2nd Co Boonville Mo.20. FILED Feb. 17 1938 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Feb. 14, 1938
 I last saw him alive on Feb. 13, 1938. Death is said to have occurred on the date stated above, at 2.30 p. m.

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

Cancer of throat Date of onset unknown

Other contributory causes of importance: AS

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? No

If so, specify _____

(Signed) D. L. Curran, M. D.698 (Address) Boonville 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.

