

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

29 County Stade
 2 Township Carleton Mo
 0 City Carleton Mo (No. _____)

Registration District No.

236

Primary Registration District No.

14143

File No.

10570

Registered No.

St.

Ward)

2. FULL NAME

Francis Boehm

(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

Female

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Jan 26, 1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.8721

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.House9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio

13. NAME

Groome14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio

15. MAIDEN NAME

Rhod Groome16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio17. INFORMANT
(ADDRESS)Wm Boehm
Carleton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Home

DATE

3/2819. UNDERTAKER
(ADDRESS)Wheeler
Carleton Mo

20. FILED

H-9, 1938 Ms A. B. Slapp
Required

MEDICAL CERTIFICATE OF DEATH

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

Mar 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan, 1938, to Mar 27, 1938That saw him alive on Mar 27, 1938 Death is saidto have occurred on the date stated above, at 1:02 p.m.

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

Urethric Protrusion Date of onsetkidneys & Old age.

Other contributory causes of importance:

131-Name of operation Hospital Date ofWhat test confirmed diagnosis? Ulcer Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1938Where did injury occur? 0

(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? 0

If so, specify

(Signed) W. P. Riley, M. D.(Address) Carleton, Mo

213

131

[illegible]

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-belgië

[illegible]

2000

2000

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10570

Do not use this space.

1. PLACE OF DEATH

(a) County Nade Registration District No. 236
(b) Township _____ Primary Registration District No. 4143 Registered No. _____
(c) City Everton (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Francis Bookier
(a) Residence, No. _____ St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 2 1
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) _____

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1938

I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Mar 27 1938

I last saw him alive on Mar 27 1938. Death is said to have occurred on the date stated above, at 10 a.m.

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

Uterine Prolapse from
retention

Other contributory causes of importance _____

Name of operation House wife Date of _____

What test confirmed diagnosis? Clinical 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) W. A. Riley _____, M. D.

(Address) Everton _____

