

REC'D JUN 23 1938

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

19150
Do not use this space.

1. PLACE OF DEATH

(a) County Perry
(b) Township Union
(c) City

Registration District No. 969
Primary Registration District No. 5877

Registered No.

(d) Street No.
(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 Andrew Bohnert

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Bohnert22. I HEREBY CERTIFY, That I attended deceased from May 11 1938, to May 21 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1869I last saw him alive on May 11 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 23

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

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. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Hemorrhage of brain

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

Other contributory causes of importance:

Prostatitis
Arteriosclerosis13. NAME Casper Bohnert
Germany

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

Name of operation..... Date of.....

What test confirmed diagnosis chimed Was there an autopsy? No15. MAIDEN NAME Elezbeth Hurst23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyWhere did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.17. INFORMANT (ADDRESS) Mrs. Anna Bohnert
Biehle RFD No. 1

Manner of injury.....

Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Apple Creek Ceme. DATE May 23 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Young & Sons
Perryville Mo.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes
(Signed) W. H. Bailey, M. D.20. FILED June 9 1938 Ben Hatter
Local Registrar.(Address) Perryville Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No., working under my personal supervision.

Signed

Wallace Young

Licensed Embalmer No.

4027

P. O. Address

Perryville, Pa

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

If this body is not embalmed, above space should be left blank.