

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

OCT 6 1938

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

Do not use this space.

1. PLACE OF DEATH

County Dade
Township Lockwood
City Lockwood (No. , St. , Ward)

Registration District No. 238
Primary Registration District No. 4145

File No. 32065
Registered No. _____

2. FULL NAME Carolina Mina Charlotte. Boehne

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

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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of F.W.Boehne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) feb 18-1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 4 12

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 , 1938, to May 28 , 1938
I last saw her alive on May 28 , 1938 Death is said to have occurred on the date stated above, at 11.45 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset Don't know
46

Other contributory causes of importance:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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) Minden Ill

13. NAME Fredrick Lilienkamp

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

15. MAIDEN NAME Carolina Kottmeier

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

17. INFORMANT F.W.Boehne (ADDRESS) Lockwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL Luth PLACE Lockwood DATE July 3 , 1938

19. UNDERTAKER R.L.Hauschild (ADDRESS) Lockwood Mo

20. FILED 7-2 , 1938 J.A.Wren Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____ , 1938
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) J.D. Combs , M. D.
215 (Address) Lockwood Mo

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 10-19-38