

DEC 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

38788

Do not use this space.

1. PLACE OF DEATH

(a) County Camden (b) Township Osage (c) City Camden (d) Street No. 117 (e) Length of residence in city or town where death occurred 1 1/2 yrs. (f) How long in U. S., if of foreign birth? 5167 yrs. mos. ds.

Registered No. 32

2. PRINT FULL NAME

(a) Residence, No. Land Creek, Mo (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Wenger Bohler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1863

7. AGE YEARS 75 MONTHS 4 DAYS 14 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as saw mill, bank, etc. retired
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) Switzerland 713. NAME Bohler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 715. MAIDEN NAME Aegerter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 717. INFORMANT (ADDRESS) F. E. Bohler
Ames Iowa18. BURIAL, CREMATION, OR REMOVAL PLACE Pershing DATE Nov 22 193819. FUNERAL DIRECTOR (ADDRESS) Bankson-Woolery
Camden, Mo20. FILED Nov 22 1938 Lizzie Miller Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 193822. I HEREBY CERTIFY, That I attended deceased from Nov 19 1938, to Nov 19 1938

I last saw him alive on Nov 19 1938. Death is said to have occurred on the date stated above, at 11:50 P. M.

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

Cerebral Haemorrhage Date of onset 1

Other contributory causes of importance:

ArteriosclerosisName of operation None Date of Was there an autopsy?

What test confirmed diagnosis?

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

Accident, suicide, or homicide? No 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) See Camen M. D.(Address) Camden, Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-38-548

Date Filed 12-10-38

STATEMENT BY LICENSED EMBALMER

I, Obbie Banksen Woolery, Licensed Embalmer No. 2488

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Obbie Banksen Woolery

Licensed Embalmer No. 2488

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.)