REC'D FEB 15 1939

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

Do not use this space.

File No. 3351

Registered No. 1

1. PLACE OF DEATH

County: Osage — Registration District No. 975

Township: Washington — Primary Registration District No. 5851-B

City: Richfountain (No. and ..... St. ..... Ward)

2. FULL NAME: Jake Boehm

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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

3. SEX: M

4. COLOR OR RACE: W

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): June 11 1882

7. AGE: Years 56 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Veterinary +
(b) General nature of industry, business, or establishment in which employed (or employer): stockman
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Osage Co, Mo

PARENTS

10. NAME OF FATHER: George Boehm

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Osage Co, Mo.

12. MAIDEN NAME OF MOTHER: Margaret Thiem

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Osage Co Mo

14. INFORMANT: Frank Fick
(Address): Richfountain, Mo

15. FILED 1/19 1939 Alphonse Fick, REGISTRAR
577

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/18 1939

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1938, to Jan 18, 1939, that I last saw him alive on Jan 17, 1939, and that death occurred, on the date stated above, at 10:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fever

34

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Cirrhosis + Exhaustion

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: At home

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Conrad S. Verhoff, M. D.

1/18 1939 (Address) Westphalia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Richfountain, Mo — DATE OF BURIAL: 1/20 1939

20. UNDERTAKER: Morton Funeral Home — ADDRESS: Linn, Mo

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