

FILED FEB 22 1922

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

1922-
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township " Primary Registration District No. 3009 Registered No. 17
(c) City " (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

William Henry Boever 616
(a) Residence, No. 323 No. Louisa 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

3. SEX Male 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 "

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Druggist
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) Monroe Co. Ill.

FATHER 13. NAME Jacob Boever

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

MOTHER 15. MAIDEN NAME Friedricka Schott

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

17. INFORMANT (ADDRESS) Mrs. Burnell Fox Cape Girardeau Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Old Cemetery DATE Jan 12, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walthus Und. Co. Cape Girardeau Mo.

20. FILED 1-10 1940 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1940

22. I HEREBY CERTIFY That I attended deceased from Dec 20 to Jan 10, 1940

I last saw him alive on Jan 10, 1940. Death is said to have occurred on the date stated above, at 7:30 m.

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

Broncho Pneumonia Date of onset 1/6/40

Other contributory causes of importance: Fr. Lk. Hip 1968 1915 12/27/39

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

Accident, suicide, or homicide? None Date of injury 1940

Where did injury occur? Home - Cape Girardeau Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell in bath room

Nature of injury Fr. Lk. Hip

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

If so, specify

(Signed) A. B. G. [Signature] M. D.

(Address) Cape Girardeau 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 J. S. Rister

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau, Mo.

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

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

1922 Do not use this space.

1. PLACE OF DEATH: (a) County Cape Girardeau, Registration District No. 125, (b) Township Cape Girardeau, Primary Registration District No. 3009, (c) City Cape Girardeau, (d) 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: William Henry Coerver (COERVER) (a) Residence, No. [] St. [] (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m, 4. COLOR OR RACE w, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m, 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY, 6. DATE OF BIRTH (MONTH, DAY, AND YEAR), 7. AGE YEARS 91, MONTHS 10, DAYS 19, If LESS than 1 day, hrs. or min., 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. FUNERAL DIRECTOR (ADDRESS), 20. FILED 2-8 1940 J. M. Thompson Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10 1939, 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19..., I last saw h... alive on..., 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows: Date of onset, Other contributory causes of importance: Name of operation Date of, What test confirmed diagnosis? 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) D. B. Elrod M. D. (Address) Cape Girardeau

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFYING UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it is a. 7. If property is used. Exact statement of OCCUPATION is very important.

