

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

Do not use this space.

24481

1. PLACE OF DEATH U.S.V. Hosp. #67  
 County Jackson Registration District No. 399 File No. 3269  
 Township Kaw Primary Registration District No. 1092 Registered No. 3269  
 City Kansas City, Mo. (No. U.S. Veterans Hosp.) St. 41 Ward 225 165

2. FULL NAME BOHNERT, Fred  
 (a) Residence. No. Adrian, Missouri St. Adrian Mo Ward. Adrian Mo  
 (Usual place of abode) (If nonresident give city or town and State)  
 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 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 Catherine Bohnert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	28	8	25	

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

9. BIRTHPLACE (CITY OR TOWN) Medford  
 (STATE OR COUNTRY) Oregon

10. NAME OF FATHER William Bohnert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Catherine Bohnert (wife)  
 (Address) Adrian, Missouri.

15. FILED 8/24 27 M.M. Casper REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-24-27 19 19

17. I HEREBY CERTIFY That I attended deceased from Aug. 23, 1927, to August 24, 1927  
 that I last saw h. im alive on August 23, 1927 and that death occurred, on the date stated above, at 2:10 A.M. l.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchial Asthma

112  
iii 105  
 (duration) yrs. mos. 1/2 da.

CONTRIBUTORY Acute Oedema of lungs.  
 (SECONDARY) (duration) Many yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) E. J. ROSE, M. D.  
E. J. ROSE, Medical Officer in Charge.  
U.S.V.H. #67 Kansas City, Missouri.

\*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 Central Point Oregon DATE OF BURIAL 8/24 1927

20. UNDERTAKER Westport ADDRESS City

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE FULLY, WITH UNFADING INK—THIS IS IMPORTANT

