

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

Do not use this space.

2101

1. PLACE OF DEATH

5-4 County Lafayette Registration District No. 460
 5 Township Dover Primary Registration District No. 4274
 8 City Higginsville, Mo. (No. _____ St. _____ Ward)

File No. _____
 Registered No. 10

2. FULL NAME Theodore W. Boemker

(a) Residence. No. _____ St. _____ Ward. _____
 (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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12-1882

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|----------|----------------------------------------------|
| | <u>51</u> | <u>-</u> | <u>4</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Holstein
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Hy Boemker

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

12. MAIDEN NAME OF MOTHER Sophie Niemann

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

14. INFORMANT Mrs. J. W. Boemker
 (Address) Higginsville Mo

15. FILED 1-19-1933 Dr. W. A. Braeckler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1933 to Jan 29 1933, that I last saw him alive on Jan 16 1933 and that death occurred, on the date stated above at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

34
110 hypo-static Pneumonia
 (duration) yrs. mos. ds.

CONTRIBUTORY Manic-Depressive
 (SECONDARY) Insanity
 (duration) 9 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOBUI? no

WHAT TEST CONFIRMED DIAGNOSIS? Physicist & Clinician

(Signed) Carson Davis, M. D.

1-17-1933 (Address) Higginsville 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 Salem Evangelical Cemetery
 DATE OF BURIAL 1/19/33

20. UNDERTAKER Hager & McMiss Lugin
 ADDRESS Higginsville
 No. _____

N. 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.

CONFIDENTIAL - SECURITY INFORMATION

Reference Material

BT - 4

FORM 75-1000

OFFICE OF THE DIRECTOR

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SECRET