

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 20 1933

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

Do not use this space.

24182

1. PLACE OF DEATH
 County St. Charles Registration District No. 157
 Township St. Charles Primary Registration District No. 3036
 City St. Charles, (No. 1818, Watson St.) Registered No. 126 St. 2 Ward)

2. FULL NAME Sarah J. Bohrer
 (a) Residence, No. 1818 Watson St. St. 2 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Mrs. Henry Bohrer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 11 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. work
 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) Pike County, Mo.
 FATHER 13. NAME Noah Beasley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 MOTHER 15. MAIDEN NAME Booth
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
 17. INFORMANT (ADDRESS) Walter Wells, 1818 Watson St., St. Charles, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dep. Home Cem DATE July 25th, 1933
 19. UNDERTAKER (ADDRESS) Humbink's, St. Charles, Mo.
 20. FILED 7/31/33 Clarence J. Steeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1931 to July 23, 1933
 I last saw her alive on July 23, 1933. Death is said to have occurred on the date stated above, at 2:45 A.M.
 The principal cause of death and related causes of importance were as follows:
131 Chw Nephritis
131 Chw myocarditis
 Date of onset 131
 Other contributory causes of importance:
 Name of operation None Date of _____
 What test confirmed diagnosis? Physician's call Was there an autopsy? No
 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? No
 If so, specify _____
 (Signed) B. G. Gentry, M.D.
 (Address) 200 Clayton St., St. Charles, Mo.

