

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.

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

Do not use this space.

JAN 15 1936

38852

1. PLACE OF DEATH  
 County Cape Girardeau Registration District No. 135  
 Township \_\_\_\_\_ Primary Registration District No. 3009  
 City St. Charles (No. St. Charles Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME August Bohusack  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF Lizzie Ruth Camp Bohusack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 9 8

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tinner  
 9. Industry or business in which work was done, as silk mill, 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) Cape Girardeau County

MOTHER FATHER  
 13. NAME Hy Bohusack  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Winkerson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Albert Bohusack  
Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Berlin Cemetery Park 1935

19. UNDERTAKER (ADDRESS) Funeral Home  
Cape Girardeau Mo

20. FILED 12-30 1935 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1935, to Dec 20 1935  
 I last saw h. alive on 12/22 1935 Death is said to have occurred on the date stated above, at 9 2/3 m.  
 The principal cause of death and related causes of importance were as follows:  
myocardial infarction  
93%  
Sclerosis coronary arteries  
 Date of onset 1935

Other contributory causes of importance:  
Sclerosis coronary arteries 1935

Name of operation 0 Date of 2  
 What test confirmed diagnosis Physical 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) W. H. Wescot M. D.  
 (Address) 626 Ford Hope Cape Girardeau Mo

