

FEB 23 1937

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

Do not use this space.

9113

1. PLACE OF DEATH

County Stoddard
Township Liberty
City (No.) St. Ward)

Registration District No. 8381
Primary Registration District No. 6077

File No.
Registered No.

2. FULL NAME Herman Frederick Bosse

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 18 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 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 Bertha Bosse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 27

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Farmer

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) Germany13. NAME Unknown

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

15. MAIDEN NAME "

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

17. INFORMANT Bertha Bosse (ADDRESS) Dexter Mo. Rfd.18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter, Mo. DATE 2/10/3719. UNDERTAKER Blankenship-Strickland (ADDRESS) Dexter, Mo.20. FILED 2-11 1937 Mrs. Th. B. Gamel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8/37, 193722. I HEREBY CERTIFY, That I attended deceased from 2-7-, 1937, to 2-8-, 1937

I last saw him alive on 2-7-, 1937. Death is said to have occurred on the date stated above, at 6 a.m.

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

Chronic Endocarditis

Date of onset

Other contributory causes of importance:

Cirrhosis of liver with general anasarca.

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

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 XNature of injury X24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank Parker, M. D.(Address) Dexter Mo.

