REC'D MAR 15 1939

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

Do not use this space. 7994

1. PLACE OF DEATH
(a) County Stoddard
(b) Township
(c) City Dexter
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 838
Primary Registration District No. 4509
Registered No.

2. PRINT FULL NAME Laura Elizabeth Bolerjack
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

462

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 Robt. S. Bolerjack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Illinois

FATHER
13. NAME Jobe Standefer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Rebecca Trotter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Lucy Sterk, Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dexter, Mo. DATE 1/29/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Blankenship-Strickland Dexter, Mo.

20. FILED 3/9, 1939 Jennie Burton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/26/39, 19

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1937, to Jan. 26, 1939
I last saw her alive on Jan. 26, 1939 Death is said to have occurred on the date stated above, at 8 am m.
The principal cause of death and related causes of importance were as follows:

Tubercular abscess of Lungs 23

Date of onset

Other contributory causes of importance: Chronic Pulmonary Tuberculosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. 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) S. S. Davis, M. D.
(Address) Dexter Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, J. E. Strickland, ~~or by~~

~~Registered Apprentice No.~~ _____, ~~working under my personal supervision.~~

Signed J. E. Strickland

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.