

ISS'D MAR 23 1939

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

Do not use this space.

8120

1. PLACE OF DEATH  
 County Warren Registration District No. 884  
 Township Charrette Primary Registration District No. 6176  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louis Rudolph Bomker  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 7

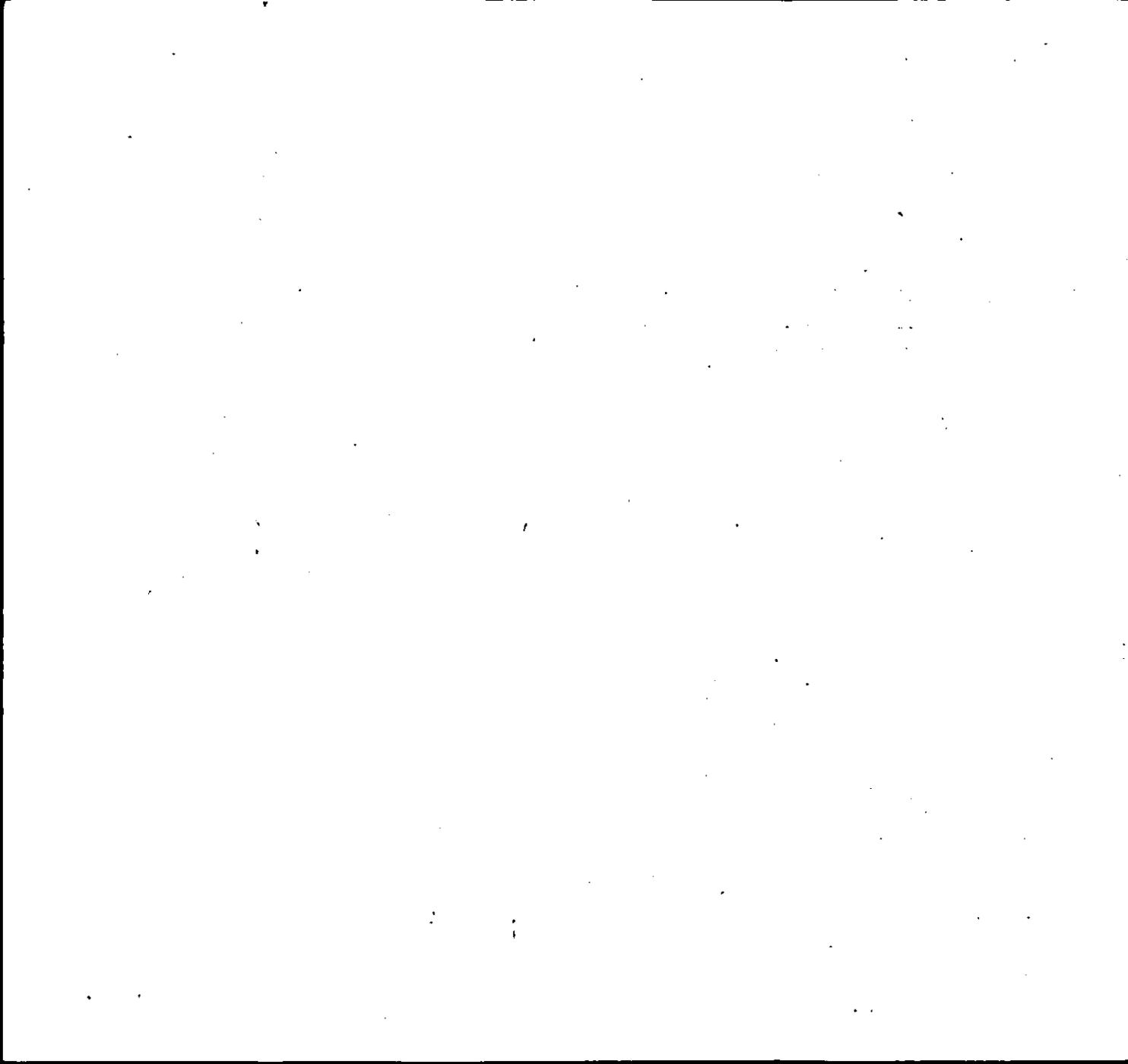
PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) Meta Bomker  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5-1874  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 4 15  
 8. Trade, profession, or particular kind of work done, as spinner, 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) Holtville Missouri  
 13. NAME Fred Bomker  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holtville Missouri  
 15. MAIDEN NAME Louise Seehrs  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marthasville Mo  
 17. INFORMANT Walter Bomker  
 (ADDRESS) Felton Missouri RR1  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Holtville Mo DATE Feb 22-1939  
 19. UNDERTAKER Earl W. Dichtenberg  
 (ADDRESS) Marthasville Mo  
 20. FILED Feb 24 1939 J. C. Johnson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1936 to Feb 20 1939  
 I last saw h. involve on Feb 14 1939 Death is said to have occurred on the date stated above, at 7 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Coronary artery thrombosis Date of onset 1 day  
 Other contributory causes of importance: Arterio sclerosis  
Coronary artery disease 2 years  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? \_\_\_\_\_  
 If so, specify Herbert H. Schmidt M. D.  
 (Signed) Marthasville, Mo  
 (Address) \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

8120  
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1. PLACE OF DEATH  
 (a) County Warren Registration District No. 884  
 (b) Township Charette Primary Registration District No. 6176 Registered No. ?  
 (c) City ..... (d) Street No. .... St. ....  
 (e) Length of residence in city or town where death occurred ..... (If death occurred in Hospital or Institution, write its name instead of street and number)  
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis Rudolph BOEMKER  
 (a) Residence, No. .... St.  (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 m (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64 4 15  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 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) .....  
 FATHER  
 13. NAME .....  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
 MOTHER  
 15. MAIDEN NAME .....  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
 17. INFORMANT (ADDRESS) .....  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....  
 19. FUNERAL DIRECTOR (ADDRESS) .....  
 20. FILED Feb 24 19 39 J. E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-1939  
 22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
 I last saw him ..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset  
 Other contributory causes of importance:  
 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 ..... 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? .....  
 If so, specify .....  
 (Signed) Herbert N. Schmidt, M. D.  
 (Address) Marthasville mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

