

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.

MAR 15 1937

1. PLACE OF DEATH
 County Barry Registration District No. 30 File No. 4893
 Township _____ Primary Registration District No. 3003 Registered No. 6
 City Monett (No. _____) St. _____ Ward _____

2. FULL NAME Cara E. Boedecker
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 George Boedecker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1875

7. AGE YEARS 61 MONTHS 4 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) Mo.

13. NAME John B. Fly

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

15. MAIDEN NAME Susan Woodward

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

17. INFORMANT George Boedecker (ADDRESS) Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parish DATE March 1, 1937

19. UNDERTAKER Blair Kenolig (ADDRESS) Monett

20. FILED 3-1 1937 W. H. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1937, to Feb. 26, 1937
 I last saw her alive on Feb. 26, 1937. Death is said to have occurred on the date stated above, at 7:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Influenza Date of onset 2-6-37
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 Other contributory causes of importance:
Astoria Salmon

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? no
 If so, specify _____
 (Signed) J. Ferguson M. D.
 (Address) Monett, Mo.

