

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

Do not use this space.

41207

PLACE OF DEATH

County St. Genevieve
Township Jackson
City _____ (No. _____)

Registration District No. 780
Primary Registration District No. 6028

File No. _____
Registered No. 61
St. _____ Ward _____

2. FULL NAME Mary Ann Bockenbamp
(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 Herman A. Bockenbamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
67 2 4

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

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) St. Genevieve Mo

13. NAME James Reed

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

15. MAIDEN NAME Christine Petri

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

17. INFORMANT Mrs. Clyde Craig
(ADDRESS) St. Mary's Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE French Village Mo DATE 12/21 1933

19. UNDERTAKER Geo. C. Basher
(ADDRESS) St. Genevieve Mo

20. FILED Dec 19 1933 T. W. Douglas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19 1933

22. I HEREBY CERTIFY, That I attended deceased from December 11 1933, to Dec. 19 1933
I last saw her alive on Dec 11 1933 Death is said to have occurred on the date stated above, at 6:45 P. m.

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

Kobov Pneumonia Date of onset 12/11/33
108
430

Other contributory causes of importance: Chronic Myocarditis?

Name of operation _____ 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 _____
(Signed) H. J. Gertus M. D.
(Address) St. Genevieve Mo.

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.

JAN 26 1934
95

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