

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

Do not use this space.

1. PLACE OF DEATH

County Doune Registration District No. 73
Township _____ Primary Registration District No. 3006
City Columbia (No. _____) St. _____ Ward _____

File No. 11903
Registered No. 103

2. FULL NAME William Joseph Boschert

(a) Residence, No. Bunceton, Mo. St. _____ Ward. _____
(Usual place of abode) Home in Bunceton for 50 years (If nonresident, give city or town and State)
Length of residence in city or town where death occurred years mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Emily Boschert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11, 1856</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>
	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Banker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Banker</u>	
	10. Date deceased last worked at this occupation (month and year) <u>August</u>	11. Total time (years) spent in this occupation <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Co. Mo.</u>		
FATHER	13. NAME <u>Francis Boschert</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Albion Lorraine, Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Barbara Lively</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Albion Lorraine</u>	
17. INFORMANT (ADDRESS) <u>W. J. Nelson, 813 Niagara</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Lipton, Mo.</u> DATE <u>Apr. 18, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Parker Dean, Columbia</u>		
20. FILED <u>4/17/1934</u> <u>Allie Selby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1934

22. I, HEREBY CERTIFY, That I attended deceased from April 16, 1934 to April 17, 1934
I last saw him alive on April 17, 1934. Death is said to have occurred on the date stated above, at 6:09 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Pancreas
Other contributory causes of importance: H 6

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? NO
If so, specify _____
(Signed) Hugh P. Muns, M. D.
(Address) Columbia, Mo.

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.

MAY 25 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

