

PLACE OF DEATH

STATE OF MINNESOTA

Division of Vital Statistics

25074

County Ramsey

Township

Village

City St Paul

No. 762 Thomas (If death occurred in a hospital or institution, give its name instead of street and number)

CERTIFICATE OF DEATH

2853

FULL NAME Mary Bohmen

(2) Residence No. 762 Thomas St. 9 Ward (If decedent give city or town and State) Length of residence in city or town where death occurred 27 yrs. How long in U. S., if of foreign birth 57 yrs.

79

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE white 5 MARRIAGE STATUS Widowed

16 DATE OF DEATH (month, day, and year) Nov. 26 1920

5a If married, widowed, or divorced HUSBAND of N. Bohmen (or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from Oct 3 1920 to Nov 26 1920 that I last saw her alive on Nov 24 1920 and that death occurred on the date stated above, at St. Paul

6 DATE OF BIRTH (month, day, and year) Feb 14 1842

The CAUSE OF DEATH was as follows:

7 AGE Years 78 Months 9 Days 11

Mycocarditis with decompensation

8 OCCUPATION OF DECEASED (a) Trade, Profession, or particular kind of work Retired, Landlady (b) General nature of industry, business, or establishment in which employed (or employer) housewife (c) Name of employer

CONTRIBUTORY (SECONDARY) Cerebral thrombosis and pulmonary edema (duration) yrs. mos. 1

9 BIRTHPLACE (city or town) (State or country) Germany

18 Where was disease contracted If not at place of death? St Paul Minn

10 NAME OF FATHER N. Bohmen unknown

Did an operation precede death? No Date of

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

Was there an autopsy? no What test confirmed diagnosis? none (Signed) Harry Chew M. D. 11/26/20 (Address) 3rd St Marie St Paul Minn

12 MAIDEN NAME OF MOTHER M. Gochman

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant N. C. Bohmen (Address) St Paul Minn.

19 PLACE OF BURIAL, CREMATION, OR DISPOSAL Cabary Cemetery DATE OF BURIAL 11/27 1920

15 Filed 11/26 1920 34798 REGISTRAR

20 SIGNATURE E. C. Schroeder St Paul.

Supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it can be understood. Exact statement of OCCUPATION is very important. See instructions on back of certificate.