PLACE OF DEATH

ounty North Co

ownship Greene

or

illage

or

ity (NO. St.: Ward)

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

39810

Registration District No. 1057 File No.

Primary Registration District No. 6214 Registered No. 12

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Earnest Walter Bosley

PERSONAL AND STATISTICAL PARTICULARS

X Male | COLOR OR RACE White | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

ATE OF BIRTH Feb 21 (Month) (Day), 1886 (Year)

GE 30 yrs. 8 mos. 21 ds. | If LESS than 1 day, hrs. or min.?

CCUPATION
) Trade, profession, or rticular kind of work Farmer
) General nature of industry, usiness, or establishment in hich employed (or employer) Farming

RTHPLACE (City or town, ate or foreign country) Maryville Mo.

NAME OF FATHER William R Bosley

BIRTHPLACE OF FATHER (City or town, State or foreign country) Sheridan Ohio

MAIDEN NAME OF MOTHER Alyada Eib.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Elwood Ill

HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

nformant Mrs Marion Sugar

(ADDRESS) Maryville Mo.

ed Nov 15 1916 T. M. Cox REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 11 (Day), 1916 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 8, 1916, to Nov 11, 1916, that I last saw him alive on Nov 11, 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Fifer

108

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Albert Andrews M. D.

Nov 15, 1916 (Address) North Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Maryville Mo | DATE OF BURIAL Nov 14 1916

UNDERTAKER Roof & Tastaros | ADDRESS Darnell Mo

MARGIN RESERVED FOR BINDING

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 import

V. S. No. 2.

MARGIN RESERVED FOR BINDING

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.

MISSOURI STATE BOARD OF HEALT

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County .....

Township ..... or Village ..... or City .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

(NO. ..... St. ..... Ward)

[If death occurred i hospital or Instituti give its NAME inst of street and number]

FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH ..... (Month) ..... (Day), 1..... (Year)

AGE ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE (City or town, State or foreign country) .....

PARENTS
- NAME OF FATHER .....
- BIRTHPLACE OF FATHER (City or town, State or foreign country) .....
- MAIDEN NAME OF MOTHER .....
- BIRTHPLACE OF MOTHER (City or town, State or foreign country) .....

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(ADDRESS) .....

Filed ....., 191..., ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... (Month) ..... (Day), 19

I HEREBY CERTIFY, that I attended deceased ....., 191..., to ....., 19

that I last saw h..... alive on ....., 191

and that death occurred, on the date stated above, at .....

The CAUSE OF DEATH* was as follows:

.....

.....

..... (Duration) ..... yrs. ..... mos.

Contributory ..... (SECONDARY)

..... (Duration) ..... yrs. ..... mos.

(Signed) ..... M.

....., 191... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Causes, st (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	....., 1
UNDERTAKER	ADDRESS