

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

Do not use this space.

36055

1. PLACE OF DEATH

County Duchanaw

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. St. Josephs Hospital)

File No. 1414

Registered No. 1298

St. _____ Ward)

2. FULL NAME

Richard Bomar

(a) Residence. No. Filmore Mo., St. _____ Ward. _____

(Usual place of abode)

Filmore Mo.
(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Lynkin -

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

Dec 9 - 1862

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, _____ hrs. or _____ min.

65

0

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer -

(b) General nature of industry, business, or establishment in which employed (or employer)

Farming -

(c) Name of employer

Employer -

9. BIRTHPLACE (CITY OR TOWN)

Hoar Co.

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Henry Bomar

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Alvie Bomar -
Filmore Mo.

15.

FILED

DEC 10 1927

John G. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

12/17 1927

17.

I HEREBY CERTIFY, That I deceased deceased from an acc. 17, 1927, to _____, 19____, (that I last saw alive on _____, 19____, and that death occurred, on the date stated above, at _____ 8:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

1) DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

2) WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS: Brain & History of his death

(Signed) Dr. Wm. C. Carver, M.D.

12/17/1927 (Address) St. Joseph Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Filmore Mo.

12/19 1927

20. UNDERTAKER

ADDRESS

Filmore Funeral Home 1708 Francis

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.

1928

