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

Do not use this space.

16983

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 203
City Independence (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth P. Bosworth
(a) Residence. No. 200 Pendleton 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): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16, 1840
7. AGE: Years 88 — Months 1 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Vermillion (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER: Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY)

14. INFORMANT E. E. Miller
(Address) Independence Mo
15. FILED May 28, 1928 F. L. Cook REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1928
17. I HEREBY CERTIFY, That I attended deceased from 5/14, 1928, to 5/22, 1928, that I last saw him alive on 5/24, 1928, and that death occurred, on the date stated above, at ..... m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma obliterans
9 7 B
1230 [illegible]
(duration) ..... yrs. ..... mos. 14 ds.
CONTRIBUTORY (SECONDARY) Rectal Fistula
(duration) ..... yrs. ..... mos. 21 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [illegible], M. D
May 23, 1928 (Address) Independence

*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: Mound Grove — DATE OF BURIAL: 5-24 1928
20. UNDERTAKER: C. D. Carson & Son — ADDRESS: Indep 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.