

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 HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4815

1. PLACE OF DEATH

County Jackson
Township Atherton
City Atherton (No. _____) St. _____ Ward _____

Registration District No. 396
Primary Registration District No. 332

File No. _____
Registered No. 5

2. FULL NAME

Alice Bohne
(a) Residence. No. Belle Hills St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 25th 1852</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>1</u>	DAYS <u>13</u>
8. OCCUPATION OF DECEASED <u>housekeeper.</u> (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>At home</u> (c) Name of employer		

PARENTS	9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jacksonville Ill</u>
	10. NAME OF FATHER <u>Richard Southwell</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	12. MAIDEN NAME OF MOTHER <u>Mary A Booth</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	

14. INFORMANT (Address) <u>Mrs. W. H. Brink</u> <u>Atherton Mo.</u>
15. FILED <u>2-19 1930</u> <u>N. D. Ramsdell</u> REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1930 to Feb 5 1930, 1930, that I last saw him alive on Feb 4 1930, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Natural degeneration

CONTRIBUTORY (SECONDARY) 92A
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) N. D. Ramsdell, M. D.
9-10 1930 (Address) Brookman 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
Round Grove Cem. DATE OF BURIAL Feb 9 1930

20. UNDERTAKER
B. H. Hanson & Son ADDRESS Indigo Mo

