

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

Do not use this space.

21826  
~~21024~~

**1. PLACE OF DEATH**

County Audrain  
Township Salt River  
City Mexico (No. \_\_\_\_\_)

Registration District No. 24  
Primary Registration District No. 3002

File No. \_\_\_\_\_  
Registered No. 95  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Florence J. Bozarth

908 E. Jackson

(a) Residence. No. \_\_\_\_\_ St. 4th Ward \_\_\_\_\_

(Usual place of abode)

TO

St.

4th

Ward

(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)**

Married

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

H. L. Bozarth

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

March 29th 1891

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

39

4

2

**8. OCCUPATION OF DECEASED**

House Wife

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

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

(c) Name of employer

177  
1130  
676

**9. BIRTHPLACE (CITY OR TOWN)**

Santafe

(STATE OR COUNTRY)

Monroe Co. Mo.

**10. NAME OF FATHER**

J. W. Booth

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

W. Virginia

**12. MAIDEN NAME OF MOTHER**

Alice Moore

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Pike Co. Mo.

**14.**

INFORMANT

(Address)

H. L. Bozarth  
Mexico. Mo.

**15.**

FILED

1930

Joe A. Milligan  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

July 31 1930

**17.**

HEREBY CERTIFY, That I attended deceased from July 23, 1930 until July 31, 1930 and that I last saw her alive on July 31, 1930, and that death occurred, on the date stated above, at 3:15 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Remain Prison  
general & extensive  
condition & convulsions

(duration) yrs. mos. 10 ds.

**CONTRIBUTORY (SECONDARY)**

Subject to Periodical

venereals (duration) 3 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**19. DID AN OPERATION PRECEDE DEATH? DATE OF**

no DATE OF ✓

**20. WAS THERE AN AUTOPSY?**

no

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) R. E. Debbes M. D.

, 19 (Address) Mexico 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**

South Side  
Monroe Co.  
Aug 1st 1930

**20. UNDERTAKER**

**ADDRESS**

Bernardi  
Quex Name  
Mo.

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.

AUG 20 1930

It may be prop  
Exact  
and should be stated

should state

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Audrain

Registration District No. 26

File No. ....

Township .....

Primary Registration District No. 3002

Registered No. 95-

City Mexia (No. ....) St. .... Ward)

**2. FULL NAME**

Florence J. Bezarth

(a) Residence. No. .... 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work ..... (duration) .... yrs. .... mos. .... ds.  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14.

INFORMANT (Address) .....

15.

August 1st 1930 Joe S. Milligan REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1930

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Otohemorrhagic poisoning from animal food

CONTRIBUTORY (SECONDARY) (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)....., M. D. , 19 (Address)

\*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

20. UNDERTAKER ADDRESS

N. P. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY 175

40

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