

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

K. R.—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.

DEC 22 1930

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

Do not use this space.

36020

1. PLACE OF DEATH

County JACKSON
Township BLUE
City INDEPENDENCE

Registration District No. 398
Primary Registration District No. 3019
(No. 1305 W. COLLEGE)

File No. _____
Registered No. 354
St. _____ Ward _____

2. FULL NAME MRS. EMMA JULIA BOHN

(a) Residence. No. 1305 W. College St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 41 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 Daniel C. Bohn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-25-1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>3</u>	<u>23</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

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

PARENTS

10. NAME OF FATHER George Green
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Kazia Lane Thurston
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) England

14. INFORMANT Mrs. W. Gray
(Address) 1305 W. College

15. FILED 11-20 1930 J. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18, 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1929 to Nov. 18, 1930
that I last saw him alive on Nov. 18, 1930, and that death occurred, on the date stated above, at 8:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Chas. Grubsk, M. D.
11/18, 1930 (Address) Independence, 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 Mound Grove
DATE OF BURIAL 11/21, 1930

20. UNDERTAKER H. W. STAHL
ADDRESS INDEP. MO.

