

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.

1. PLACE OF DEATH

County Dekalb
Township Camden
City Wayssville (No. _____)

Registration District No. 289
Primary Registration District No. 359B

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

2. FULL NAME Annie Elizabeth Bohanan

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bohanan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18th 1848

7. AGE YEARS 83 MONTHS 2 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort Ky.

13. NAME John Massie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Breckenridge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Massie Bohanan (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Berlin Cem. DATE Oct. 22nd

19. UNDERTAKER U. G. Pilcher (ADDRESS) Wayssville Mo.

20. FILED Oct. 21 1931 J. 2 Phelps. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20 1931

22. I HEREBY CERTIFY, That I attended deceased from July 26 1930 to Oct 20 1931
I last saw her alive on Oct. 20 1931 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:
Date of onset _____

Cerebral Embolism
Other contributory causes of importance: Chronic Endocarditis Sept. 1927

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Dr. R. R. Reynolds
(Address) Wayssville, Mo.

