

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

Do not use this space.

5382

1. PLACE OF DEATH

County Monroe
Township Jackson
City _____ (No. _____)

Registration District No. 542
Primary Registration District No. 3731

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

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary T. Bosham</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 15, 1881</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>5</u>	DAYS <u>28</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Thy Thiel, Missouri
Mo.

PARENTS	10. NAME OF FATHER <u>John Bosham</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Thompson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Thy Thiel, Monroe Co. Mo</u>

14. INFORMANT John B. Bosham
(Address) Belle, Mo.

15. FILED Mar 19 1932 Mrs. Leonarda Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1931, to Feb. 13, 1932 that I last saw him alive on Aug 28, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Probably Insipient Tuberculosis
73A

18. WHERE WAS DISEASE CONTRACTED 160
(duration) yrs. mos. ds. cont. my
CONTRIBUTORY (SECONDARY) Ulaenlike Haemorrhoids
Infection from Haemorrhoids
(duration) yrs. mos. ds. 160

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY no ⓪
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. G. Sander, M. D.
, 19 _____ (Address) Argyle, 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 Sibbert Cemetery
DATE OF BURIAL Feb. 14 1932

20. UNDERTAKER J. G. Sander
ADDRESS Belle 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.

MAR 24 1932

**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 Marion
Township Jackson
City (No.)

Registration District No. 542
Primary Registration District No. 5731

File No. 45
Registered No. 8
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary D. Barsham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 - 1881</u>		
7. AGE <u>50</u>	YEARS <u>35</u>	MONTHS <u>3</u>
		DAYS <u>28</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>They think Marion Mo</u>		
FATHER	13. NAME <u>John Barsham</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Mary Thompson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>They think Marion Mo</u>	
17. INFORMANT (ADDRESS) <u>John B. Barsham Belle Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Cem</u> DATE <u> </u> , 19 <u> </u>		
19. UNDERTAKER (ADDRESS) <u>S. G. Lickliser Belle Mo</u>		
20. FILED <u>12/11</u> , 19 <u>35</u> <u>Chas M. Guder</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 19 32

22. I HEREBY CERTIFY That I attended deceased from Aug 28, 19 31, to Feb 13, 19 32
I last saw him alive on Aug 28, 19 32. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:
Probably Incipient Tuberculosis
Date of onset

Other contributory causes of importance:
Ulcerative Hemorrhoids
Infection from hemorrhoids

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy? no

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?
If so, specify
(Signed) H. G. Isenberg, M. D.
(Address) Argyle 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

EMERGENCY RECORD

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