

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

Do not use this space.

17033

1. PLACE OF DEATH

80 County Pettis
4 Township
8 City Sedalia

Registration District No. 668
Primary Registration District No. 3032
No. 520 E. 11th St

File No.
Registered No. 117
St. Ward)

2. FULL NAME

John Bohon
(a) Residence No. 520 E. 11th St., Ward.

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 7 8

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Retired Farmer

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) Missouri 1.

13. NAME James M. Bohon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 2.

15. MAIDEN NAME Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know? 3.

17. INFORMANT (ADDRESS) J. S. Bohon 320 E 11th St Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 5-4 1932

19. UNDERTAKER (ADDRESS) Mc Laughlin Bros Sedalia Mo.

20. FILED 5-4 1932 J. S. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1932

I HEREBY CERTIFY, That I attended deceased from Jan 2 1931 to May 2 1932
I last saw him alive on May 2 1932. Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

Chronic parenchymatous nephritis
131 131
930
Other contributory causes of importance: hypertension

Name of operation none Date of none
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? no 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) Chas. M. ... M. D.
(Address) Sedalia Mo.

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.

MAY 24 1932

