

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

Do not use this space.

23587

1. PLACE OF DEATH

75 County Oregon Registration District No. 636
Township Piney Primary Registration District No. 5844
City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. 12

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)

Levi Boze

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1932

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

22. I HEREBY CERTIFY, that I attended deceased from no attendance, 1932, to _____, 19_____. I last saw him alive on May 24, 1932. Death is said to have occurred on the date stated above, at 8 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 18 day June 1850

The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>82</u>	<u>-</u>	<u>28</u>	

no physician; no cause given

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Farmer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Oregon?

13. NAME Jim Boze

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

15. MAIDEN NAME Mary Paristt

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

17. INFORMANT Mrs A.P. Couch Lister (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE new Salem DATE 7/17, 1932

19. UNDERTAKER Harry Copenhagen (ADDRESS) at no

20. FILED 7/17, 1932 Emory Bailey Registrar.

Name of operation non 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? no Date of injury _____, 19_____. Where did injury occur? home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no injury Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify apparently, well

(Signed) W. H. P. Physician, M. D.

(Address) _____

CAUSE OF DEATH IN plain language may be properly classified. Exact statement of OCCUPATION is very important.

AUG 25 1932

