

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

Do not use this space.

25223

1. PLACE OF DEATH
 11 County Wayne Registration District No. 891
 2 Township Benton Primary Registration District No. 1540
 6 City Piedmont (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 18

2. FULL NAME Dan Bostic,
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/15/1854
 7. AGE YEARS 58 MONTHS 2 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 297
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Skull Crushed Date of onset _____
1753
1775
 Other contributory causes of importance: (5)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1
 13. NAME Henry Bostic,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2
 15. MAIDEN NAME Mariah Clark
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1
 17. INFORMANT (ADDRESS) Dan Bostic, Piedmont, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Piedmont DATE 8/21 1932
 19. UNDERTAKER (ADDRESS) Yates Und. Co. Piedmont
 20. FILED 8/10 37 G. O. Jones, M.D. Registrar

Name of operation _____ 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? homicide Date of injury 7/31, 1932
 Where did injury occur? Wayne County (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public road
 Manner of injury At hands of assailants
 Nature of injury crushed skull
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) St. Louis CORONER M. D.
 (Address) Piedmont

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 27 1932

