

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

Do not use this space.

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1. PLACE OF DEATH

17 County Carroll Registration District No. 139
Township Hill Primary Registration District No. 5200
City Bozard, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-2-1863</u>				
7. AGE	YEARS <u>69</u>	MONTHS <u>9</u>	DAYS <u>5</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>House Keeper</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>Missouri</u>				
FATHER	13. NAME <u>Cris Hodsey</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>Ann E. Bunsledge</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Paul Kirby</u> (ADDRESS) <u>Bozard, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Coloma</u> DATE <u>1-8-33</u>				
19. UNDERTAKER <u>Ed. Dunsen</u> (ADDRESS) <u>Bozard, Mo.</u>				
20. FILED <u>1-7-33</u> <u>O.P. Edwards</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

1 DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1933

2. I HEREBY CERTIFY, that I attended deceased from Jan 4 1933, to Jan 7 1933
I last saw her alive on Jan 6 1933. Death is said to have occurred on the date stated above, at 12:00am.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset Jan 2, 33
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Other contributory causes of importance _____

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? _____ 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) J. C. Kropf, M.D.
(Address) Bozard, 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.

AUG 9 1943