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

Do not use this space.

File No. 614

Registered No. 7

1. PLACE OF DEATH

County: Chariton — Registration District No. 175

Township: Salisbury — Primary Registration District No. 4104

City: Salisbury (No. ..... St. ..... Ward)

2. FULL NAME: Elizabeth May Bozarth

(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF: Howard W. Bozarth

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 27-1912

7. AGE: Years 20 | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Fagraugh
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: C. E. Griswold

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Mo

12. MAIDEN NAME OF MOTHER: Hattie Eldridge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Wisconsin

14. INFORMANT: C. E. Griswold
(Address): Salisbury Mo

15. FILED 1/9, 1932 — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan-9 — 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932 to 1-8, 1933 that I last saw her alive on Jan 8, 1933, and that death occurred, on the date stated above, at 2 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Scarlet fever.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. W. Hawkins, M. D.

1-9, 1932 (Address) Salisbury 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: Clifton Hill Mo. — DATE OF BURIAL: Jan-10 1933

20. UNDERTAKER: Winkelmayer Bros — ADDRESS: Salisbury Mo

NOTE. 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.