MAY 22 1933

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

13084

1. PLACE OF DEATH

County 49 ..... Registration District No. 321

Township ..... Primary Registration District No. 5317

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Gladys Iola Bohart

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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 Mr. John Bohart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-26-1897

7. AGE YEARS 35 MONTHS 9 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Near Graham Missouri.

FATHER

13. NAME Mr. Harry W. Long

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

MOTHER

15. MAIDEN NAME Idam Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnard, Mo.

17. INFORMANT (ADDRESS) Harry W. Long

18. BURIAL, CREMATION, OR REMOVAL PLACE Graham, Mo. DATE 4/21 1933

19. UNDERTAKER (ADDRESS) Campbell Funeral Home Maitland, Mo.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Emergency Call, 19 — Apr 19, 1933

I last saw her alive on Apr 19, 1933 Death is said to have occurred on the date stated above, at 6 45 p.m.

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

Stroke of Lightning about 6 30 P.M.

Date of onset

Other contributory causes of importance:

Name of operation ✓ 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?~~ Date of injury 4/19, 1933

Where did injury occur? at home (Specify city or town, county, and State)

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

Manner of injury Stroke of Lightning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ✓

(Signed) Ira Williams, M. D.

(Address) Maitland, Mo.