

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

Do not use this space.

42365

1. PLACE OF DEATH

108 County Vernon
 2. Township Center
 7 City Nevada (No. _____)

Registration District No. 875
 Primary Registration District No. 3039

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

2. FULL NAME Sallie Morrison Bohannon

(a) Residence, No. 245 N. Lynn St. 3 Ward.

(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>April-7-1855</u>		
7. AGE	YEARS	MONTHS
<u>78</u>	<u>7</u>	<u>28</u>
		DAYS
		<u>28</u>
		If LESS than 1 day, hrs. or min.
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. <u>Retired</u>		
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>Don't Know La Rue, Co Kentucky</u>		
13. NAME <u>William Morrison</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know Kentucky</u>		
15. MAIDEN NAME <u>Mollie Friend</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know Kentucky</u>		
17. INFORMANT <u>Ronald Graves</u> (ADDRESS) <u>Nevada mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Newton Cemet</u> DATED <u>Dec 7</u> 19 <u>33</u>		
19. UNDERTAKER <u>Ferry Funeral Home</u> (ADDRESS) <u>Nevada mo</u>		
20. FILED <u>12-6</u> 19 <u>33</u> <u>W. M. Nunn</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 1:01 P.M. 12/5, 1933

I last saw him alive on 12/4, 1933. Death is said to have occurred on the date stated above, at 4:15 a.m.

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

Other contributory causes of importance:
Myocardial Infarction

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. _____

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

(Signed) J. M. Hays, M. D.
 (Address) Kentucky 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.

JAN 4 1934

