

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

Do not use this space.

1. PLACE OF DEATH

County Carrall
Township Smith
City near Brunswick

Registration District No. 136
Primary Registration District No. 6354

File No. 16023
Registered No. 8
St. _____ Ward _____

2. FULL NAME WALTER BOHANNAN

(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 White 5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-10-1922

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 AM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hrs. or _____min.
11 6 28

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at school
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 _____

Accidental Drowning
In hole of water about 1/2 mile S. of Brunswick in Carrall County.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrall Co. Mo.

Other contributory causes of importance:
189

MOTHER 13. NAME W. J. Bohannan

Name of operation _____ Date of _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrall Co. Mo.

What test confirmed diagnosis? _____ Was there an autopsy? NO

MOTHER 15. MAIDEN NAME Elna Boyley

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

Where did injury occur? 1/2 Miles S.W. of Brunswick
(Specify city or town, county, and State)

17. INFORMANT W. J. Bohannan
(ADDRESS) Brunswick Mo

Specify whether injury occurred in industry, in home, or in public place.
NO

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Mo DATE May 10, 1934

Manner of injury _____ Nature of injury _____

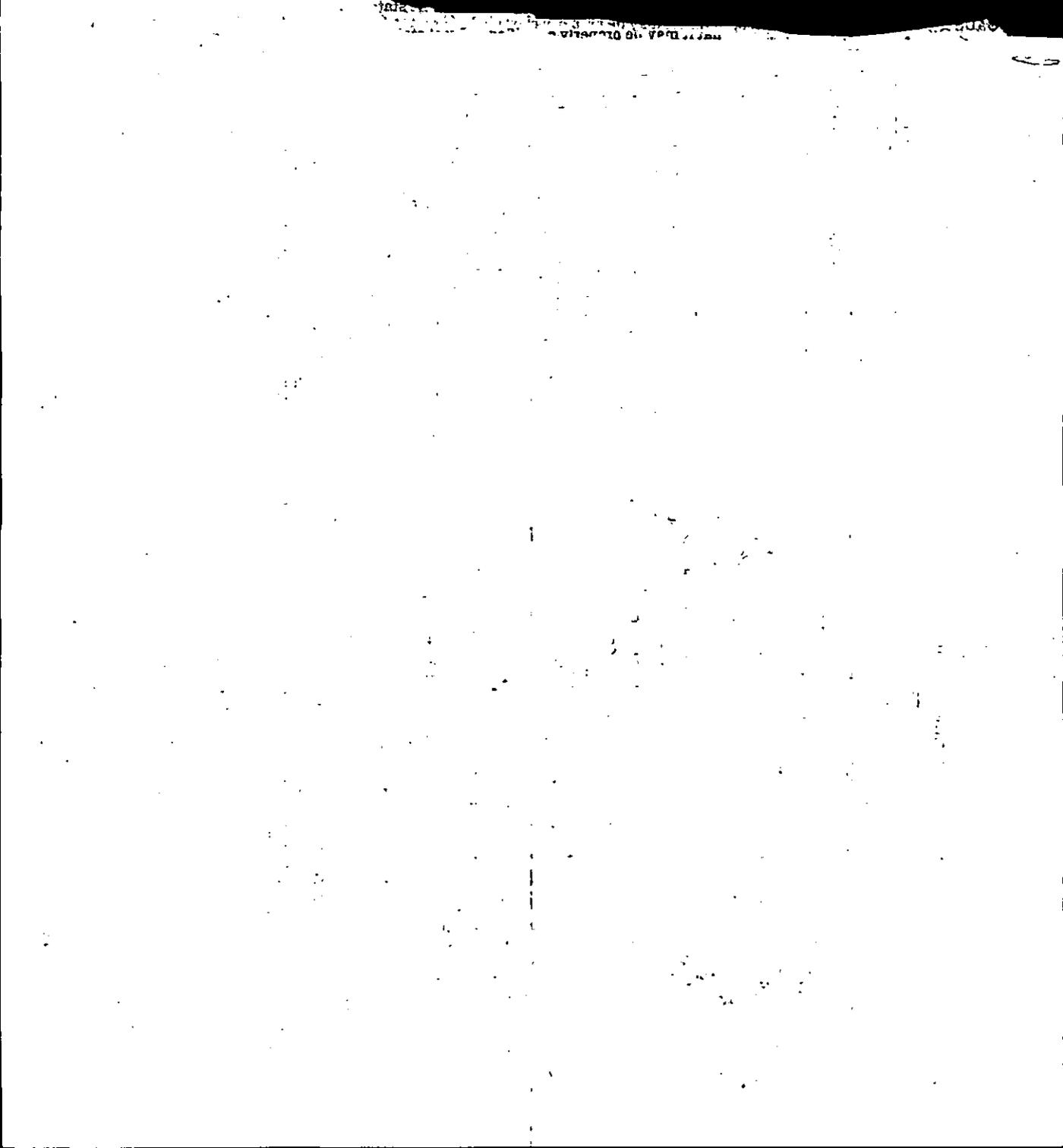
19. UNDERTAKER Maribel
(ADDRESS) Brunswick Mo

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

20. FILED May 9 1934 Calvin Hickman
Registrar.

(Signed) Clifford W. Justice Coroner M. D.
(Address) Teno, Mo.

Exact statement of OCCUPATION is very important.
 JUN 30 1934
 All entries on this form, unless properly classified, are property of the State Board of Health.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Carroll Registration District No. 136
 Township Smith Primary Registration District No. 6254
 City (No. _____) St. _____ Ward _____
 Registered No. 8

2. FULL NAME Walter Bohannon
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 6 28
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1934
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ 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:
accidental drowning
while swimming in hole
in water south of bridge
his boat, about 10
 Other contributory causes of importance: _____
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19____
 19. UNDERTAKER (ADDRESS) _____
 20. FILED May 9 1934 Calvin Hickerson 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? _____ 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? _____
 If so, specify _____
 (Signed) _____, M. D.
 (Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

183

S-14023