

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 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County Kalk
 Township Madison
 City Balsam (No. _____)

Registration District No. 711
 Primary Registration District No. 4422

File No. 25963
 Registered No. 39

2. FULL NAME

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

Julia Elizabeth Bohrusky

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 <u>John Bohrusky</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 15, 1865</u>			
7. AGE	YEARS <u>71</u>	MONTHS <u>7</u>	DAYS <u>24</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>Housekeeper</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

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1934

22. I HEREBY CERTIFY That I attended deceased from 1-1 1932, to July 10, 1934

I last saw him _____ alive on July 10, 1934 Death is said to have occurred on the date stated above, at 4.4 m.

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

Chronic myocarditis
 (Heart failure)
 Bronchial asthma

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? 2
If so, specify _____

(Signed) W.C. McBrann, M. D.
(Address) Balsam

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	13. NAME <u>J. D. Tinsley</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Katherine Hoagland</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	17. INFORMANT (ADDRESS) <u>Deborah Bohrusky, Balsam, Ill.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial</u> DATE <u>July 11, 1934</u>
	19. UNDERTAKER (ADDRESS) <u>White and Green, Balsam, Ill.</u>
	20. FILED <u>July 11, 1934</u> <u>J. Roberts</u> Registrar

DEC 16 1957