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

SEP 17 1934

Do not use this space.

30173

1. PLACE OF DEATH
County Morgan — Registration District No. 919 — File No.
Township Hawk Creek — Primary Registration District No. 4551 — Registered No. 20
City Stover (No. ..... St. ..... Ward)

2. FULL NAME John Bohling
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1851
7. AGE YEARS 82 MONTHS 10 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) 1915
11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stover Mo

FATHER
13. NAME John Bohling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

MOTHER
15. MAIDEN NAME Anna Behns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Geo Bohling Versailles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Versailles Cem DATE Aug 30 1934

19. UNDERTAKER (ADDRESS) C. R. Rapp & Son Stover Mo

20. FILED Sept 10th 1934 Wm L Ripperger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1934, to Aug 25, 1934
I last saw him alive on Aug 28, 1934 Death is said to have occurred on the date stated above, at 11 13 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery acute	Aug 22 34
13C	
15D	
13C	

Other contributory causes of importance: age

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 ✓, 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? No
If so, specify
(Signed) Chas A Trest, M. D.
(Address) Stover Mo