

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.

NOV 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County Carroll  
Township Richland  
City Bosworth

Registration District No. 134  
Primary Registration District No. 4075

File No. 35446  
Registered No. 18  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Lanea M. Soy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 7 - 1862

7. AGE YEARS 72 MONTHS 6 DAYS 18 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 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. Farmer 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) Mo

MOTHER 13. NAME Lanea M. Soy

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

15. MAIDEN NAME Jane Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Lanea M. Soy (ADDRESS) Bosworth Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wherever DATE Oct - 27 1934

19. UNDERTAKER David Edwards (ADDRESS) Bosworth Mo

20. FILED Oct 26 1934 Mrs. Boss Brown Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1934 to Oct 25 1934. I last saw him alive on Oct 25 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.. The principal cause of death and related causes of importance were as follows:

Endocarditis  
234  
913  
23  
Other contributory causes of importance:  
Chronic Lung

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
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? No  
If so, specify \_\_\_\_\_  
(Signed) W. B. Brown M. D.  
(Address) Bosworth Mo

