

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

Do not use this space.

JAN 12 1935

1. PLACE OF DEATH

County Carroll
Township Ridge
City Bosworth (No.)

Registration District No. 134
Primary Registration District No. 4075

File No. 42244
Registered No. 20
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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 1 29

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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bosworth (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Henry Thomas

14. BIRTHPLACE (CITY OR TOWN) Bosworth (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth Doyle

16. BIRTHPLACE (CITY OR TOWN) Monticello (STATE OR COUNTRY) Missouri

17. INFORMANT Henry Thomas (ADDRESS) Bosworth Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wharton DATE Dec 31 1934

19. UNDERTAKER David J. Edwards (ADDRESS) Bosworth Mo

20. FILED Dec 29, 1934 Mrs Ross Brown Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1934

22. I HEREBY CERTIFY; That I attended deceased from May 1 1929 to Dec 29 1934
I last saw him alive on Dec 29 1934 death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Diabetic Anæmia Date of onset 69 B 157 B 69 B

Other contributory causes of importance: Congenital male prostration
Extrophy of Bladder
with Hernia of Prostate

Name of operation Date of
What test confirmed diagnosis? Chinua 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) [Signature] M. D.
(Address) Bosworth Mo

