

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.

MAR 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Bohannon
Township Bohannon
City Wassas City

Registration District No. 399
Primary Registration District No. A002
No. 3306 Cleveland Ward.

File No. 5234
Registered No. 5234
St. Bohannon Ward)

2. FULL NAME

(a) Residence, No. 3306 Cleveland Ward.

(Visual 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1851

7. AGE YEARS 83 MONTHS 1 DAYS 3 If LESS than 1 day,hrs. ormin.

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

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) (STATE OR COUNTRY) England

MOTHER FATHER 13. NAME No Record

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

15. MAIDEN NAME No Record

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

17. INFORMANT A. N. Bohannon (ADDRESS) Burlington Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington DATE 2/1/35

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 918 Broadway Ave.

20. FILED 2/1 1935 M. M. Crowl, east Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to Feb 1 1935
I last saw h/w. alive on Feb 11 1935 Death is said to have occurred on the date stated above, at 12:25 p.m.

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

Other contributory causes of importance:
Sunday anemia
Old 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?.....
If so, specify.....
(Signed) Geo. Jones, M. D.
(Address) 80th & 1st Paces

Mrs Jones