To Bureau

JAN 19 1936

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

Do not use this space.

694

File No. .....

Registered No. 9

1. PLACE OF DEATH

County Cooper

Registration District No. 218

Township .....

Primary Registration District No. 3015

City Boonville (No. 300 Walnut St. St. ..... Ward)

2. FULL NAME Mrs. Kate Bozworth

(a) Residence, No. 300 Walnut St., ... Ward. .....
(Usual 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12. 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	2	6	

OCCUPATION

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

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) Tuscola. Ill.

FATHER

13. NAME Capt. Webster Hance

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

MOTHER

15. MAIDEN NAME Lelia Warren

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

17. INFORMANT (ADDRESS) E. R. H. Bozworth Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Prairie Valley DATE Jan. 21 1936

19. UNDERTAKER (ADDRESS) Leo J. Meistes Boonville Mo.

20. FILED JAN 20 1936 D. C. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from October 1935, to Jan 19 1936, I last saw her alive on ~~alive~~ Jan 18 1936. Death is said to have occurred on the date stated above, at 8:40 a.m.

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

	Date of onset
Lobar Pneumonia	1-16-36
Other contributory causes of importance:	
cerebral Hemorrhage	Jan. 1936

Name of operation none Date of .....

What test confirmed diagnosis? Exam. 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) T. C. Beckett, M. D.

(Address) Boonville, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33