

MAR 18 1936

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

Do not use this space.

5249

1. PLACE OF DEATH

County Darius Registration District No. 254
Township Benton Primary Registration District No. 535-A
City Pattersonburg No. _____ St. _____ Ward _____

File No. 10
Registered No. _____

2. FULL NAME Abram Vincil Bohannon

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dora Bohannon</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 19-1890</u>				
7. AGE YEARS <u>45</u>	MONTHS <u>11</u>	DAYS <u>X</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>AUTOMOBILE</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>DEALER</u>			
	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) <u>Sentry Co. Mo.</u>				
MOTHER FATHER	13. NAME <u>John Bohannon</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ky.</u>			
	15. MAIDEN NAME <u>Anna Massie</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ky.</u>				
17. INFORMANT <u>Mrs Dora Bohannon.</u> (ADDRESS) _____				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Berling</u> DATE <u>Feb 21</u> 19 <u>36</u>				
19. UNDERTAKER <u>J. Brown</u> (ADDRESS) <u>Pattersonburg</u>				
20. FILED <u>2-20-36</u> , 19 <u>36</u> <u>FRANCES COBURN</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 193622. I HEREBY CERTIFY, That I attended deceased from July 4, 1933, to Feb 19, 1936I last saw him alive on Feb. 19, 1936. Death is said to have occurred on the date stated above, at 12:50 P.M.

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

Infection
Admission to
Healing Sp. Illinois
Spencer, Kentucky
Complete Obstruction

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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? _____

If so, specify _____

(Signed) Wm J. Parker, M. D.(Address) Pattersonburg Mo

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.

