

JUL 16 1936

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

Do not use this space.

18516

1. PLACE OF DEATH

County Bollinger
Township Crocker Creek
Precinct North-Middleland

Registration District No. 68

Primary Registration District No. 4103

File No.

Registered No.

St. Ward)

2. FULL NAME

TOM BOSHOLS

(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

MALE

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Martha Beshers

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

9-7-1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

64

8

12

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)

Patterson Mo

FATHER

13. NAME

John Beshers

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

TON

MOTHER

15. MAIDEN NAME

Lea Heath

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

TONN

17. INFORMANT (ADDRESS)

Martha Beshers

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty DATE 5/20 1936

19. UNDERTAKER (ADDRESS)

Ed. Beshers

20. FILED

9 1936 Ed. Beshers Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 1936, to May 18 1936

I last saw him alive on May 2 1936. Death is said

to have occurred on the date stated above, at 7 a. m.

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

Pneumonia

Date of onset

4-1-36

Other contributory causes of importance:

Bronchitis

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?

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. M. O'Kelley, M. D.

(Address) Marion Mo.

