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.

SEP 24 1936

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

Do not use this space.

31469

1. PLACE OF DEATH

County Johnson — Registration District No. 431 — File No.

Township — Primary Registration District No. 3023 — Registered No. 102

City Warrensburg (No. , St. Ward)

2. FULL NAME Melvina Ruth Bozarth

(a) Residence, No. 416 N. Miller St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fe	wh	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
88	10	16	

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) Iowa

FATHER

13. NAME William R. Loveland

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

MOTHER

15. MAIDEN NAME P.L. Richards

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

17. INFORMANT (ADDRESS) Dr. J. R. Bozarth Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Knobnoster Cem. DATE Aug. 21 1936

19. UNDERTAKER (ADDRESS) W. F. Wilcox Funeral Service Warrensburg Mo.

20. FILED Aug 21 1936 Eva Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1936 to 8-20, 1936

I last saw her alive on 8-20, 1936 Death is said to have occurred on the date stated above, at 8 45 P.M.

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

	Date of onset
Uremia from Chronic Nephritis	1-1-36
Creeping paralysis	8-1-36

Other contributory causes of importance: 810

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) J. R. Bozarth M. D.

(Address) Warrensburg Mo