OCT 5 1936

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

Do not use this space.

35881

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Missouri Baptist Hosp. St. ..... Ward)

File No. .....

Registered No. 9506

2. FULL NAME Eliza K Bohannon

(a) Residence, No. ..... St., N R Ward. Newburg, Missouri
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 - 1863

7. AGE: YEARS 72 MONTHS 10 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

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. Housewife

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) Ill

FATHER

13. NAME John Shipmanc

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know

MOTHER

15. MAIDEN NAME Eliza Duffey

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

17. INFORMANT (ADDRESS) Mrs Lee Smith Newburg, Missouri

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
PLACE Newburg Mo DATE Sept 16 1936

19. UNDERTAKER (ADDRESS) Lee Johnson Newburg Mo

20. FILED SEP 16 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 - 1936, 19..., to Sept 16 - 1936, 19...
I last saw her alive on Sept 16 - 1936, 19..... Death is said to have occurred on the date stated above, at 7 40 a.m.
The principal cause of death and related causes of importance were as follows:

Acute dilatation of Heart

93C

Date of onset

Other contributory causes of importance: Myocarditis, Chronic Hypertension -

Name of operation None Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Charles N. Judson, M. D.
(Address) 3720 Washington Blvd.

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible]

[illegible]