

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County MissouriRegistration District No. 371Township ClayPrimary Registration District No. 4217City Maitland (No. _____)

St. _____ Ward _____

File No. 6055Registered No. 19

2. FULL NAME

(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

White

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF _____

OR WIFE OF Martha E. Brink6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18 - 1854

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

8304

OCCUPATION

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

Retired

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)

Otisco Ind.

13. NAME

Richard C. Bohart

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

Pa.

15. MAIDEN NAME

Eliza Rumley

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

Pa.

17. INFORMANT (ADDRESS)

P. L. Bohart
Maitland, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Graves I.O.F. DATE 2/24 1937

19. UNDERTAKER (ADDRESS)

Casny's Bell Funeral Home
Maitland, Mo.20. FILED 2/23 1937 Ursula D. Stout Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 193722. I HEREBY CERTIFY, That I attended deceased from Feb 6 1937 to Feb 22 1937I last saw him alive on Feb 13 1937. Death is said to have occurred on the date stated above, at 8:15 A.M.

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

Mitral RegurgitationDate of onset ?

Other contributory causes of importance:

Pulmonary Edema ?Broken Compensation ?

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external cause (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) Ira Williams, M. D.(Address) Maitland, 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.

