

MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gibson
Township Smith-Bar
City (No. _____) _____

Registration District No. 402
Primary Registration District No. 838-103

File No. 6719
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Admiral Nelson Bostwick

(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>wh</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>Lucy A. Bostwick</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 16 - 18 54</u> | | |
| 7. AGE YEARS <u>82</u> | MONTHS <u>11</u> | DAYS <u>5</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | | 11. Total time (years) spent in this occupation |
| 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) | | |

| | |
|--|---|
| OCCUPATION | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> |
| | 13. NAME <u>Admiral N. Bostwick</u> |
| FATHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> |
| | 15. MAIDEN NAME <u>Mary Noon</u> |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u> |
| | 17. INFORMANT (ADDRESS) <u>Mrs. Lucy A. Bostwick Frank Valley, Mo.</u> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Griddip Cemetery</u> DATE <u>2/23 (37)</u> | |
| 19. UNDERTAKER (ADDRESS) <u>W. H. Brown</u> <u>Oak Grove Mo</u> | |
| 20. FILED <u>Mar 4</u> 19 <u>37</u> <u>Mrs. A. H. Mann</u> Registrar. | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/21 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1936, to Feb 19, 1936
I last saw him alive on Feb 19, 1936. Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Date of onset 4-14-36

Other contributory causes of importance:
Bedsores & Senility

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? No
If so, specify _____
(Signed) W. H. Brown, M. D.
(Address) Oak Grove

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.

MISSOURI STATE BOARD OF HEALTH

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