

MAY 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15663

1. PLACE OF DEATH

County Bollinger
 Township Waverly
 City Near Adams, Mo.

Registration District No. 69
 Primary Registration District No. 5108

File No. _____
 Registered No. _____
 St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Near Adams, Mo. Ward. _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5

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

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) Bollinger Co. (STATE OR COUNTRY) Missouri

13. NAME Bay L. Bohussack

14. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lattie Batterman

16. BIRTHPLACE (CITY OR TOWN) Bollinger Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Bay L. Bohussack (ADDRESS) Adams, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Boas Cemetery DATE April 16, 1937

19. UNDERTAKER Henry D. Morgan (ADDRESS) Adams, Mo.

20. FILED May 1, 1937 Morgan Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1937 to Apr. 15, 1937

I last saw her alive on Apr 13, 1937. Death is said to have occurred on the date stated above, at 5 A.M.

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

Siber pneumonia Date of onset _____

Other contributory causes of importance: 108

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? _____

If so, specify _____

(Signed) O. R. Reynolds M. D.

(Address) Adams, 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.

