DEC 20 1937

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

Do not use this space.

40410

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 2843 Troost St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 4724

2. FULL NAME Josephine Maria Bohn
(a) Residence, No. 2843 Troost 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE About 75 YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) France

FATHER
13. NAME John Henry Beppell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Marie Bourdin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Miss Victoria Murphy Park Lane Apts
18. BURIAL, CREMATION, OR REMOVAL PLACE St Mary's DATE 11/26 1937
19. UNDERTAKER (ADDRESS) F. O'Donnell 3256 Broadway
20. FILED Nov 24 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1936, to Nov 23 1937
I last saw her alive on Nov 23 1937. Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:
Fracture of humerus, rt. Date of onset Oct 25, 1937
186a

Other contributory causes of importance:
Nephritis, chronic arteriosclerotic

Name of operation None 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? Accident Date of injury Oct 25, 1937
Where did injury occur? Kansas City Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Fell down stairs
Nature of injury Frac. of humerus, rt.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Lyman K. Richardson M. D.
(Address) 906 Grand Kansas City, Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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Lyman [illegible]

Rialto Bldg.