

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2001
City Springfield (No. 343, W. Brewer) St. _____ Ward _____

File No. 41272
Registered No. 1080
St. _____ Ward _____

2. FULL NAME

Levy Bozarth
(a) Residence, No. 343 W. Brewer St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 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

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. Nov. 12 1862

7. AGE YEARS 75 MONTHS 0 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

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 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anglas Co. Nebraska

13. NAME Levy Bozarth

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

15. MAIDEN NAME Emma McDowell

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

17. INFORMANT Mrs Emma Ball
(ADDRESS) 504 S. Broad

18. BURIAL, CREMATION, OR REMOVAL PLACE Dazelwood DATE November 16, 1937

19. UNDERTAKER G. E. Williams
(ADDRESS) Springfield, Mo.

20. FILED Nov 16 1937 Chas. A. George, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-10-37, 1937, to 11-14-37, 1937.

I last saw him alive on 11-14-37, 1937. Death is said to have occurred on the date stated above, at 6:50 p. m.

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

Pneumo
Cerebral Hemorrhage
(Apoplexy) Date of onset 11-10-37

Other contributory causes of importance:

Chronic Hypertension

Name of operation None 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 _____, 1937.

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? N

If so, specify J. Newton Brant, M. D.

(Signed) J. Newton Brant
(Address) Springfield, 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.

