

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.

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

Do not use this space.

RECORDED AUG 24 1938  
INDEXED AUG 24 1938

**1. PLACE OF DEATH**

County Carroll Registration District No. 134  
 Township Combs Primary Registration District No. 5189  
 City Bosworth, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 24966  
 Registered No. 14

**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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Crane  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1849  
 7. AGE YEARS 88 MONTHS 6 DAYS 6  
 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 1938  
 22. HEREBY CERTIFY That I attended deceased from June 1, 1938 to July 1, 1938  
 I last saw her alive on June 28, 1938 Death is said to have occurred on the date stated above, July 1, 1938 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis chronic Date of onset \_\_\_\_\_

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

Other contributory causes of importance:  
Cystic growth just below stomach

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Island, Ill.  
 13. NAME William Gline  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 15. MAIDEN NAME Melinda Savier  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Culture Was there an autopsy? No

17. INFORMANT Nora Newson (ADDRESS) Bosworth, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DeWitt Cemetery DATE July 3, 1938  
 19. UNDERTAKER David H. Edwards (ADDRESS) Bosworth, Mo.  
 20. FILED July 2, 1938 Mrs. Boss Brown (Address) Bosworth, Mo.  
 Registrar.

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) Bosworth, Mo. M. D.  
 (Address) Bosworth, Mo.

129

