

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.

REC'D FEB 27 1939

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

3591
Do not use this space.

1. PLACE OF DEATH

(a) County *Putnam*
(b) Township *Union*
(c) City

Registration District No. *718*
Primary Registration District No. *3947*

Registered No. *4*

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (Usual place of abode, if no street address, write county or city) (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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jennie Bohannon*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 24-1866*

7. AGE YEARS *78* MONTHS *7* DAYS *14* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer* 9. Industry or business in which work was done, as saw mill, bank, etc. *Farm* 10. Date deceased last worked at this occupation (month and year) *Jan 1929* 11. Total time (years) spent in this occupation *all*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Putnam Co. Mo*

FATHER 13. NAME *William T. Bohannon*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

MOTHER 15. MAIDEN NAME *Francis Edwards*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Jennie Bohannon Unionville, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Union Church Cem* DATE *Jan 11 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Conrad W. McQuinn Unionville, Mo*

20. FILED *Jan 11 1939* *H. V. McQuinn* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 8 1939*

22. I HEREBY CERTIFY That I attended deceased from *Jan 6 1939* to *Jan 8 1939*. I last saw him alive on *Jan 8 1939*. Death is said to have occurred on the date stated above, at *11:45 P. M.*

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

Arterio Sclerosis
Labor Pneumonia

Other contributory causes of importance:

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) *H. V. McQuinn*, M. D.

(Address) *Unionville, Mo*

DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

District Health Officer No. 10

District File Number 10-39-159

Date Filed FEB 7 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. 132, working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.