

REC'D JUL 18 1939

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

Do not use this space.

21488

1. PLACE OF DEATH

County Benton
Township Madison
City Madison (No. 1)

Registration District No. 61
Primary Registration District No. 5097

File No. 21488
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1889

7. AGE YEARS 69 MONTHS 11 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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 0

12. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) 0

13. NAME Noah Bohrn 9

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) 9

15. MAIDEN NAME Mandy Noel

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

17. INFORMANT H. Bohrn (ADDRESS) Warshaw Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison DATE 6-17-39

19. UNDERTAKER Fred W. Kussan (ADDRESS) _____

20. FILED 6/30 1939 J. O. A. Rogers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1st 1939, to June 75, 1939
I last saw him alive on June 15, 1939. Death is said to have occurred on the date stated above at 10A m.

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

Mitral Stenosis Date of onset 6/15/39

Other contributory causes of importance: 92a

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) W. H. Hart, M. D.

(Address) Warshaw 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.

RECEIVED

District Health Officer No. 7,

District File Number

7-39-1065

Date Filed

7-14-39