

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

Do not use this space.

REC'D SEP 15 1939

29925

1. PLACE OF DEATH

County Pettis
Township Smithton
City Smithton (No. 5892)

Registration District No. 669
Primary Registration District No. HH01

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 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

MEDICAL CERTIFICATE OF DEATH

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

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

Jan 6 - 78

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

61

7

22

OCCUPATION

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

Farmer

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) (STATE OR COUNTRY)

Smithton Mo

FATHER

13. NAME

Samuel H Bohon

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

State of Kentucky

MOTHER

15. MAIDEN NAME

Anna M Meyer

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

Galion Ohio

17. INFORMANT (ADDRESS)

Mrs. Alvin Wild Sedalia Mo

18. BURIAL, CREATION, OR REMOVAL

PLACE Smithton Mo DATE Aug 30, 1939

19. UNDERTAKER (ADDRESS)

G. F. Neumeyer Smithton Mo

20. FILED

Aug 30, 1939 Mrs. J. L. Mouser Registrar.

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

Aug 28, 1939

22. I HEREBY CERTIFY that I attended deceased from

March 1, 1938 to Aug 28, 1939

I last saw him alive on Aug 30, 1939 Death is said

to have occurred on the date stated above, at _____ pm.

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

Chronic myocarditis
Other contributory causes of importance: 92C

Name of operation Ligation Date of _____

What test confirms diagnosis? _____ 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? No

If so, specify _____

(Signed) G. F. Neumeyer M. D.

(Address) Smithton Mo

RECEIVED

District Health Officer No. 8,

District File Number

9/13/39

Date Filed