

2381 OCT 9 1939

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

Do not use this space.

32381

1. PLACE OF DEATH

County Greene
Township Timber
City Timber (No. 1)

Registration District No. 314
Primary Registration District No. 4190

File No. _____
Registered No. 16 Ward _____

2. FULL NAME

Charles Johnathay Bozarth

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1888
7. AGE YEARS 55 MONTHS 8 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splaner sawyer, bookkeeper, etc. Panetry House Employee
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) 6/25/39 11. Total time (years) spent in this occupation lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS

13. NAME Jra Bozarth

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

15. MAIDEN NAME Emma Rhodes

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

17. INFORMANT Mr. Minnie Bozarth (ADDRESS) Timber 240

18. BURIAL, CREMATION, OR REMOVAL PLACE Patton DATE 9/11 1939

19. UNDERTAKER Patton (ADDRESS) 5 Franklin

20. FILED 8/30 1939 68 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/24 1939, to 8/29 1939
I last saw him alive on Aug 25 1939 Death is said to have occurred on the date stated above, at 3P m.
The principal cause of death and related causes of importance were as follows:

Adeno Carcinoma
46

Other contributory causes of importance:
Primary adeno carcinoma of pancreas with metastasis to the bones

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1939
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) J. M. Boyles M. D.
(Address) Council Bluffs

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. 111

~~STATE HEALTH DEPT. 1039-1264~~

~~DATE REC'D OCT 10 1959~~