

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

Do not use this space.

38820

1. PLACE OF DEATH
 County: Union Registration District No. 369
 Township: Union Primary Registration District No. 4215
 City: Craig (No.) St. Ward

2. FULL NAME Alice Jane Bostwick
 (a) Residence, No. Craig, Mo. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Alfred Edward Bostwick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1859

7. AGE YEARS MONTHS Dkts If LESS than 1 day, hrs. or min.
81 2 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In the home

10. Date deceased last worked at this occupation (month and year) 12 months 11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamesville, Ohio

MOTHER FATHER
 13. NAME Mr. Jacob Varns
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9
 15. MAIDEN NAME Miss Elizabeth Moshler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Laura Luella Taylor
 (ADDRESS) 807 Main Ave. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE S.O.O.F. DATE Nov. 16, 1940

19. UNDERTAKER Schooler Bros
 (ADDRESS) Craig, Mo.

20. FILED Nov 15 1940 Walter Anderson
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1940

22. I HEREBY CERTIFY, that I attended deceased from Nov. 14, 1940 to Nov 14, 1940
 I last saw her alive on Nov 14, 1940 Death is said to have occurred on the date stated above, at 6:30 m.
 The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
 Date of onset 1940

Other contributory causes of importance: None

Name of operation Date of
 What test confirmed 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) J. O. Murray M. D.
 (Address) Craig, 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.

MISSOURI 10 1940

