

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

Do not use this space.

30296

**1. PLACE OF DEATH**

County Henry  
Township State Oak  
City (No. ....) (Name of City) .....

Registration District No. 347  
Primary Registration District No. 5495-

File No. ....  
Registered No. 111  
St. .... Ward)

**2. FULL NAME**

Irene Bohanon

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept-11-1921</u>		
7. AGE	YEARS	MONTHS
	<u>6</u>	<u>11</u>
		<u>25</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>None</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-6 1928

17. HEREBY CERTIFY, That I attended deceased from Sept-2 1928 to Sept-6 1928 (that I first saw her alive on Sept-9 1928, and that death occurred, on the date stated above at 5-9 a.m.

THE CAUSE OF DEATH\* AS FOLLOWS:

Psychic  
13/W  
13/W (duration) yrs. mos. ds.  
CONTRIBUTORY Acute peritonitis (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at place of death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical signs  
(Signed) R. H. Smith, M. D.  
, 19 (Address) Wrench Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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

10. NAME OF FATHER Chas Bohanon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER One Rawson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

14. INFORMANT Chas Bohanon  
(Address) Wrench

15. Sept-10 1928 FILED D. E. C. Peelor  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wrench Cemetery DATE OF BURIAL 9-7-1928

20. UNDERTAKER A. P. Smith ADDRESS Wrench

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.

OCT 28 1928

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