

JUN 21 1937

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

Do not use this space.

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20156

1. PLACE OF DEATH
4th County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No. 9) St. Clinton Ward 9
2. FULL NAME Oliver Bohren
(a) Residence, No. 409 E Lincoln St. Clinton Ward 9
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Bohren
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) sept 7 - 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 8 3
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.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton co mo
13. NAME Noah Bohren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn
15. MAIDEN NAME Mandy Noel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton mo
17. INFORMANT Wm Bohren (ADDRESS) Warsaw mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5/12/37
19. UNDERTAKER Consigli & Beck (ADDRESS) Clinton mo
20. FILED may 17 1937 J. R. Hampton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1937
22. I HEREBY CERTIFY, That I attended deceased from May 1 1937, to May 12 1937.
I last saw him alive on May 9 1937, 1937 Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset 1935
Other contributory causes of importance: none
Name of operation none Date of none
What test confirmed diagnosis? Chilled Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 1937
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none
(Signed) S. B. Hughes, M. D.
(Address) Clinton, Mo.

CAUSE OF DEATH IN plain terms, 80 mat may be properly

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