

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

Bohling
Do not use this space.

25866

File No. *248 249*
Registered No. *6-680*
St. _____ Ward _____

1. PLACE OF DEATH

County *Pike* Registration District No. *668*
Township _____ Primary Registration District No. *3432*
City *Sedalia* (No. *630 E 9*)

2. FULL NAME

(a) Residence, No. *630 E 9th* 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 *7* 4. COLOR OR RACE *W* 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) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 70

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) *mo*

MOTHER FATHER
13. NAME *M. H. Luce* *9*

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

15. MAIDEN NAME *Mary Davis*

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

17. INFORMANT *Fannie Bennett* (ADDRESS) *Sedalia mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *California mo* DATE *July 28 34*

19. UNDERTAKER (ADDRESS) *Thelma's First Home*

20. FILED *7-20 34* *John Slack* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 18 1934*
22. I HEREBY CERTIFY, That I attended deceased from *July 13 1934* to *July 18 1934*
I last saw him alive on *July 15 1934* Death is said to have occurred on the date stated above, at *90* m.
The principal cause of death and related causes of importance were as follows:

Obstruction of bowell, caused by malignancy of Coecum
Date of onset *June 1st 1934*

Other contributory causes of importance *46*
46
1934

Name of operation _____ Date of _____
What test confirmed diagnosis? *Physical* 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) *Bohling* M. D.
(Address) *Sedalia 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.

AUG 8 1934

