

SEP 28 1927

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

Do not use this space.

24128

1. PLACE OF DEATH

County Grundy
Township Gayles
City Brimson

Registration District No. 333
Primary Registration District No. 5464

File No. 2
Registered No. 62
St. _____ Ward _____

2. FULL NAME

Burrill C. Bosley

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) 1911

7. AGE YEARS 16 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER N. J. Bosley

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

12. MAIDEN NAME OF MOTHER Holly Lamb

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

14. INFORMANT N. J. Bosley
(Address) Brimson Mo

15. FILED Aug 29 1927 L. S. Peers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1927

17. I HEREBY CERTIFY, That I attended deceased from 20, 1927, to 28, 1927, and that I last saw him alive on Aug 28, 1927, at 5 P. m. death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever
18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS None
(Signed) D. W. Schaefer, M. D.
(Address) Lexington 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salem cemetery DATE OF BURIAL Aug 29 1927

20. UNDERTAKER R. H. Henneley ADDRESS Lexington Mo

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.

