

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

Do not use this space.

9013

1. PLACE OF DEATH
 5³ County Laclede Registration District No. 4449
 2 Township Letangan Primary Registration District No. 4267
 6 City Letangan (No.) St. Ward)

File No.
 Registered No. 1726

2. FULL NAME Lucy E 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 25 - 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>81</u>		<u>10</u>	<u>29</u>	

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 1

FATHER
 13. NAME Isaac Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny 2

MOTHER
 15. MAIDEN NAME Francis Mayfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny

17. INFORMANT (ADDRESS) John Wilson
Letangan

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Letangan DATE 19

19. UNDERTAKER (ADDRESS) Palmer Letangan

20. FILED 3/26 1932 J M Bellamy
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar - 19, 1932, to Mar 24, 1932
 I last saw her alive on Mar 24, 1932 Death is said to have occurred on the date stated above, at 6 P m.
 The principal cause of death and related causes of importance were as follows:
The Pneumonia
IIA
1060 III
 Other contributory causes of importance: (1)
Bronchitis

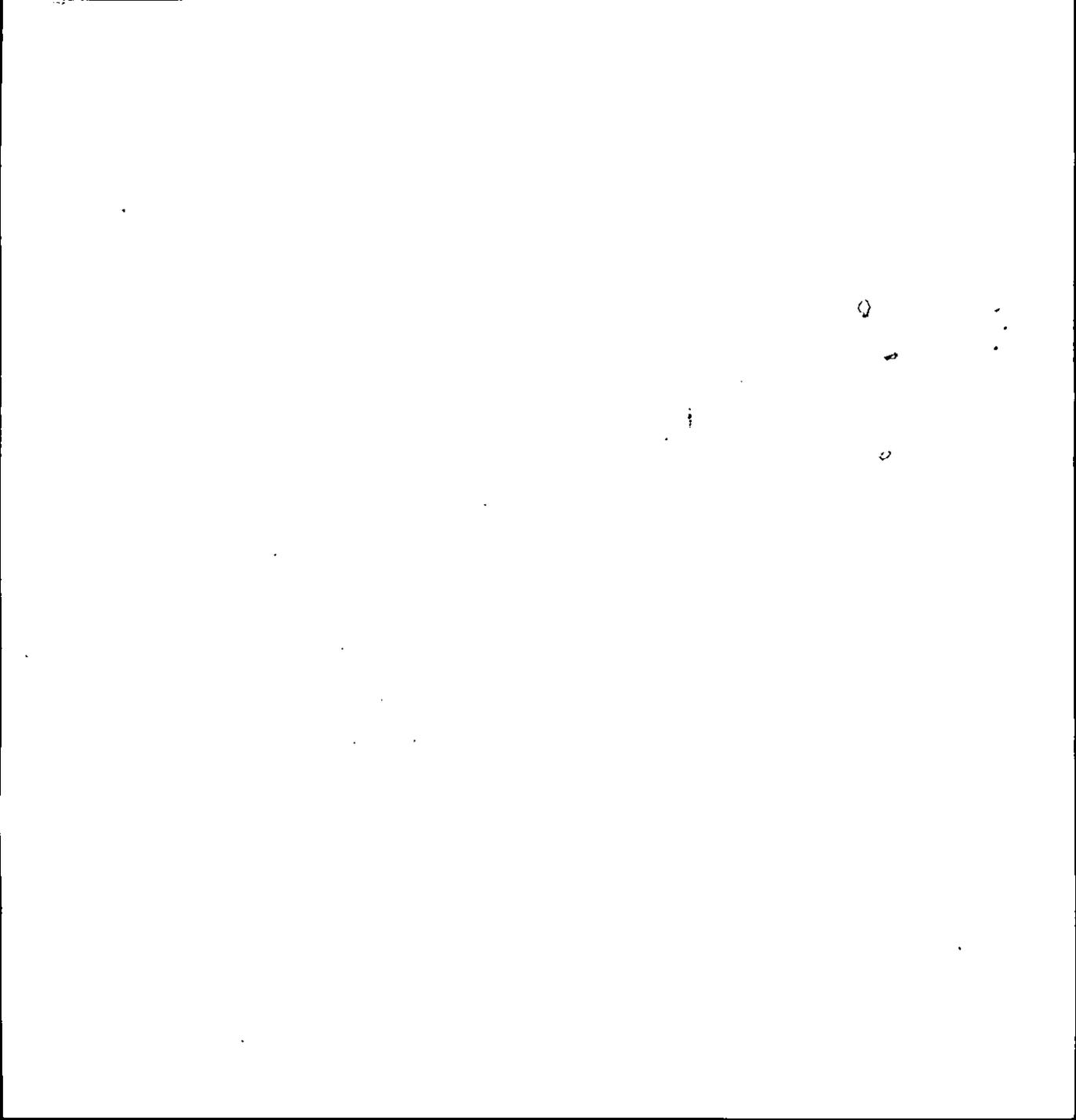
Name of operation no Date of no
 What test confirmed diagnosis? Physia Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 36, 1932
 Where did injury occur? no (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. L. Beverage, M. D.
 (Address) Letangan Mo



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Reel

Registration District No. 449

File No.

Township

Primary Registration District No. 4-267

Registered No. 1726

City Lebanon (No.) St. Ward)

2. FULL NAME

Terry E. Bohannon

(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 F 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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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)

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE Mar 25 1932

19. UNDERTAKER (ADDRESS)

20. FILED May 9 1932 J. M. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from

to, 19.....

I last saw him alive on, 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?

If so, specify.....

(Signed)....., M. D.

(Address).....

SUPPLEMENTARY

S-9013