

AUG 11 1937

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

Do not use this space.

26196

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 299

File No.

Primary Registration District No. 1002Registered No. 2000No. Memorial Hospital

St.

Ward)

2. FULL NAME Bough, Earl Jr.(a) Residence, No. _____ St. _____ Ward. Taborville, Mo

(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

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)

July 6, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 2 hrs. or 2 min.Newborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Appleton City, Mo.

FATHER

13. NAME Earl Bough14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Julia Allison16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS)

Earl Bough
Taborville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. John - Taborville DATE 7-8-37

19. UNDERTAKER (ADDRESS)

Frank Lee
Appleton City, Mo.

20. FILED

July 7, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 . 193722. I HEREBY CERTIFY, That I attended deceased from _____
Coroner's case _____, 1937I last saw h. _____ alive on _____, 1937. Death is saidto have occurred on the date stated above, at 11:30 PM

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

Date of onset

Hyperplasia of thymus.

Other contributory causes of importance:

Asphyxia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937Where 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. M. Brown, M. D.(Address) Coroner's Office

A. D. - Every item of information should be carefully supplied. If any amount of information is withheld, the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

