

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

Do not use this space.

29183

1. PLACE OF DEATH

County... Reynolds Registration District No. 748
 Township... Logan Primary Registration District No. 5982
 City... Collington (Name) St. Ward)

2. FULL NAME

John W. Bosley
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorothy Bosley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-9-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 9 19

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Handled Explosives
 (b) General nature of industry, business, or establishment in which employed (or employer) Martin Wenderlich Co
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Aurora
 (STATE OR COUNTRY) + Lawrence, Mo

10. NAME OF FATHER John Bosley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) + not known
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jennie Marsh
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) + unknown
 (STATE OR COUNTRY)

14. INFORMANT + Dorothy Bosley
 (Address) Aurora, Mo

15. FILED Aug 31 1931 Eddie Evans
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 28 1931

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental death from high explosives,
1943 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1943 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

9 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Chas. M. Fitzpatrick M.D.
 , 19 (Address)

*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 Aurora, Mo DATE OF BURIAL Aug 31 1931

20. UNDERTAKER Peroy ADDRESS Van Buren mo

