

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

Do not use this space.

**1. PLACE OF DEATH**

County Ray Registration District No. 740  
 Township Crooked Run Primary Registration District No. 3973  
 City (No. St. Ward)

File No. 19021  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Mary Alice Bohanon

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. S. Bohanon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 10 - 1892</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>4</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>306</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May 27, 1931</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Mo.</u>		
FATHER	13. NAME <u>Alexander Burgess</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Ida Bell Powell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Will Bohanon</u> (ADDRESS) <u>Hardin Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bohanon Cem</u> DATE <u>May 29, 1931</u>		
19. UNDERTAKER <u>Jno W. Knipfsheld</u> (ADDRESS) <u>Hardin Mo.</u>		
20. FILED <u>July 11, 1931</u> <u>R. L. Willeford</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28th, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to 1, 1931  
 I last saw h. or alive on May 28, 1931. Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Accidental gunshot wound. In the hands of her son. Left axillary line. Penetrating heart. (Choleraeum)  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
1914  
184  
5

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

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury May 28, 1931  
 Where did injury occur? Ray Co. Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
In home

Manner of injury accidental discharge of gun  
 Nature of injury bullet wound, left axilla

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) D. W. Fairer, M. D.  
 (Address) Royville, 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 statements of age upon which is very important.

