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

Do not use this space.

26075

8

1. PLACE OF DEATH

County _Ray_

Township _Crooked River_

Registration District No. _740_

Primary Registration District _5973_

File No. _____

Registered No. _____

City _____ (No. _____ St. _____ Ward)

2. FULL NAME _Simeon 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.

(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) _widowed_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Oct - 22 1842_

7. AGE YEARS _91_ MONTHS _9_ DAYS _2_ IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Carpenter_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _Carpenter_

10. Date deceased last worked at this occupation (month and year) _11 years_

11. Total time (years) spent in this occupation _Life_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Kentucky_

13. NAME _Cal Levi G. Bohanon_

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

15. MAIDEN NAME _Cynthia Hadix_

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

17. INFORMANT (ADDRESS) _Wm Bohanon_ _Hardin Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Family Cem_ DATE _7-23_ 19__

19. UNDERTAKER (ADDRESS) _Jno W Kimschild_ _Hardin Mo_

20. FILED _July 23, 1934_ _R. L. Williford_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _July 22_, 19_34_

22. I HEREBY CERTIFY, That I attended deceased from _July 19_, 19_34_, to _July 22_, 19_34_

I last saw him alive on _July 22_, 19_34_. Death is said to have occurred on the date stated above, at _12 P_ m.

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

Heat Exhaustion

Date of onset _7/19/34_

_102_
_91_

_197_

_365_

Other contributory causes of importance:

Senility

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? _no_

If so, specify _____

(Signed) _Marion Grimm_, M.D.

(Address) _Hardin, Mo._