

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 statement of OCCUPATION is very important.

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

Do not use this space.

8983

1. PLACE OF DEATH

County

Cooper

Township

City

(No.

Registration District No.

5-31-0

Primary Registration District No.

10-95

File No.

Registered No.

St.

Ward)

2. FULL NAME

Carl Arnold Bohlin

(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

W

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)

Mar 16-1917

7. AGE

YEARS

16

MONTHS

0

DAYS

13

If LESS than 1
day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Farm Laborer

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Monitau Co

13. NAME

A. H. Bohlin

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

Monitau

15. MAIDEN NAME

Theodora Wood

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

Monitau Co

17. INFORMANT
(ADDRESS)A. H. Bohlin
California mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City Center

DATE

3/31

1953

19. UNDERTAKER
(ADDRESS)Williams & Friedmayer
California mo

20. FILED

3-30

1953

JC. Martin

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3-29-1933

22. I HEREBY CERTIFY, That I attended deceased from

3-19-33, 1933, 3-29-1933

I last saw deceased on 3-29-1933

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:

Lobar Pneumonia Date of onset 12/20/32

11A

11A

Other contributory causes of importance:

Influenza 3/7/33

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) J. H. Mendenhall, M. D.

(Address) Francis House mo

