

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

Do not use this space.

9559

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **Boonville** (No. **City Report**)

File No.

Registered No. **2525**

St. Ward)

2. FULL NAME

(a) Residence. No. **Municipal Lodge - Paul St. 25** Ward. **25**

Length of residence in city or town where death occurred **30** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 2 1927**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of

17. I HEREBY CERTIFY, That I signed deceased from **March 2 1927** to **March 2 1927**, that I last saw him **March 2 1927** and that death occurred, on the date stated above, at **Boonville, Mo.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Don't know**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **abt. 71**

**Chronic Cardiac Disease
Chronic Bronchitis
Hypertension (duration) Tubercular
Pneumonia Lobar**

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Day Laborer** (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (SECONDARY) **10/10** (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? **10/10**

10. NAME OF FATHER **Joe McDonald**

Did an operation precede death? DATE OF

Was there an autopsy?

What test confirmed diagnosis? **Clinical**

(Signed) **M. D.**

(Address) **City Report**

*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.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **North Carolina**

12. MAIDEN NAME OF MOTHER **Miss Damm**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **North Carolina**

14. INFORMANT (Address) **City Report**

15. FILED **Mar 6 Starocoff** Registrar

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cemetery** DATE OF BURIAL **Mar. 12 1927**

20. UNDERTAKER **J. H. Gibson & Co. 2842 Meramec** ADDRESS

M. Donald