

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

Do not use this space.

34290

1. PLACE OF DEATH

County Boonville Registration District No. 565-655 File No. 2
 Township Boonville Primary Registration District No. 5872 Registered No. 107
 City (No.) St. Ward)

2. FULL NAME

(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) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-24-1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>76</u>	<u>10</u>	<u>13</u>	<u>13</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Barman
 (b) General nature of industry, business, or establishment in which employed (or employer) 135B 137R
 (c) Name of employer 162

9. BIRTHPLACE (CITY OR TOWN) Madison Co
 (STATE OR COUNTRY)

10. NAME OF FATHER Calvin Boon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo Co
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marley Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo Co
 (STATE OR COUNTRY)

14. INFORMANT Jos Boon
 (Address) Stacy mo

15. FILED 12-19-27 A. Summers
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-9-27

17. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1927 to 7:00 9, 1927 that I last saw him alive on Nov 7, 1927, and that death occurred, on the date stated above, at 11:5A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cystitis complicated by hemitery & uric acid poison

CONTRIBUTORY (SECONDARY) 137B
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF ✓

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Gen symptoms
 (Signed) J. W. Robbins, M. D.
 , 19 27 (Address) Stacy mo

*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.

18. PLACE OF BURIAL, CREMATION, OR REMOVAL Family Cemetery DATE OF BURIAL 11-10-27

20. URBERTAKER H. A. Smith ADDRESS Cecille 700

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.

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