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

Do not use this space.

36669

JAN 18 1927

1. PLACE OF DEATH
County Holt — Registration District No. 372 — File No.
Township Liberty — Primary Registration District No. 5519 — Registered No. 574
City (No. St. Ward)

2. FULL NAME William Washington Boor
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Lee Belle Gallop.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21 - 1895

7. AGE: Years 32 — Months 2 — Days 8 — If LESS than 1 day, hrs. or min.

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

11A
10
90

9. BIRTHPLACE (CITY OR TOWN) Cameron
(STATE OR COUNTRY) ~~Cam~~ Mo.

PARENTS
10. NAME OF FATHER William Boor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Elgin Gallop.
(Address) Mound City Mo.

15. FILED 12-29-27, 19 J. C. Tracy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29" 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 25" 1927, to Dec 28" 1927 that I last saw ~~him~~ alive on Dec 28" 1927, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Double Pneumonia
Progress very rapid. Prior to my 1st visit. He would get out of bed onto a cold floor & sleep (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Began with violent stage of the Flu. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Exposure to cold
DID AN OPERATION PRECEDE DEATH? — DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical
12/29/27 Signed C. Tracy, M. D
, 19 (Address) Mound City 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Liberty — DATE OF BURIAL: Dec 31 1927

20. UNDERTAKER: M H Crawford — ADDRESS: Mound City 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 statement of OCCUPATION is very important.