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

Do not use this space.

39264

1. PLACE OF DEATH
County: Washington — Registration District No.: 887
Township: Breton — Primary Registration District No.: 6179
City: ..... (No. ....., ..... St., ..... Ward)

File No.: .....
Registered No.: 81

2. FULL NAME: Dora Anna Bone

(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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed.

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: John Bone

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 15 1863

7. AGE: Years 64 | Months 5 | Days 9 | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co.

PARENTS
10. NAME OF FATHER: Marvin McCabe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Celia - Long
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Sam. Bone
(Address): Hopewell, Mo

15. FILED: 12/24 1927 Jos. L. Thurman, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1927, to Dec. 24, 1927, that I last saw her alive on Dec. 24, 1927, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia left Lung
(duration) — yrs. — mos. 6 ds.
CONTRIBUTORY (SECONDARY): Influenza
(duration) — yrs. — mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. L. Thurman, M. D
12-24, 1927 (Address) Potosi, 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: Hopewell, Mo. — DATE OF BURIAL: 12/27 1927
20. UNDERTAKER: Boyer & Son — ADDRESS: Potosi, 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.