

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

Do not use this space.

8633

1. PLACE OF DEATH *Martinsville*
 County *Harrison* Registration District No. *340*
 Township *East of Old* Primary Registration District No. *5482*
 City *Martinsville* (No.) St. Ward)

2. FULL NAME *Sylvia Ann Vanboeger*
 (a) Residence No. *Martinsville* St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred *13* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 11 1888*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	<i>39</i>	<i>8</i>	<i>10</i>	

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

9. BIRTHPLACE (CITY OR TOWN) *Dallas Township*
 (STATE OR COUNTRY) *Harrison Co*

10. NAME OF FATHER *J. J. Howard*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Harrison County*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Phoebe Howard*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Newhampton*
 (STATE OR COUNTRY) *MS*

14. INFORMANT *Martin J. Vanboeger*
 (Address) *Martinsville MS*

15. FILED *Jul 11, 1928* *J. L. ...*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar. 21, 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 1, 1927*, 19... to *Mar 21, 1928*, 19... that I last saw her alive on *Mar 15, 1928*, and that death occurred, on the date stated above, at *6:00 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
2-3 1/2 (duration) *13* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *2* (duration) yrs. mos. ds.

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

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

20. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Exams sputum, sputum*
 (Signed) *A. L. Wherlock, M. D.*

Melvin, 1928 (Address) *Bethany MS*

*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 *Kidwell Cemetery* DATE OF BURIAL *3-23 1928*

20. UNDERTAKER *V. J. ...* ADDRESS *Martinsville*

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.

