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

Do not use this space.

9134

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 1318
Township Kan — Primary Registration District No. — Registered No.
City KCM (No. St Marys Hospital Ward)

2. FULL NAME Emma Francis Boone
(a) Residence. No. 3817 Park St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Fe
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Wid.
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo F Boone
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 15 1860
7. AGE: Years 67 | Months 3 | Days 7 | If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Mo
PARENTS
10. NAME OF FATHER: Eliza Jenkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Mary Unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ja Mo
14. INFORMANT: Mrs Buell
(Address): 427 Montgall
15. FILED 3-24, 1928 M M Crowe asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 22 1928
17. I HEREBY CERTIFY, That I attended deceased from March 21, 1928, to March 22, 1928 that I last saw her alive on March 22, 1928, and that death occurred, on the date stated above, at 12-45 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Nephritis, interstitial, Chr.
59
131 57
(duration) 3 yrs. or more mos. ds.
CONTRIBUTORY (SECONDARY): Diabetes Mellitus
many years (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) W. F. Leulbertson, M. D
3-23, 1928 (Address) 1001 Chambers Bldg KCMo

*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: Cosby Mo — DATE OF BURIAL: 3-24 1928
20. UNDERTAKER: Mrs C. L Forster — ADDRESS: KCMo

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.

Dr Colberton
1001 chambers
5 to 6 pm