JUL 26 1928

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

Do not use this space.

File No. 21179
Registered No. 68

1. PLACE OF DEATH
County: Livingston — Registration District No. 5-08
Township: — Primary Registration District No. 3-026
City: Chillicothe (No. ....., ... St. ..... Ward)

2. FULL NAME: Esther M Boone

(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: Female
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: Daniel Boone

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 3 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	4	27	

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

9. BIRTHPLACE (CITY OR TOWN): Trenton
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: James Turner
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Miss Nordyke
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs J. L. Wagner
(Address): Chillicothe Mo

15. FILED 7-2, 1928 Reuben Berry, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 30 1928

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1927, to June 30, 1928, that I last saw her alive on June 28, 1928, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of uterus

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): NO

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) H M Grace, M. D
6-30, 1928 (Address) Chillicothe 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: Mt Pleasant Cem — DATE OF BURIAL: July 1 1928
20. UNDERTAKER: F B Norman — ADDRESS: Chillicothe

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.

WRITE PLAINLY, WITH INKS—THIS IS A PERMANENT RECORD