SEP 27 1928

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

Do not use this space.

1. PLACE OF DEATH
County Washington — Registration District No. 887 — File No. 29546
Township Breton — Primary Registration District No. 6179 — Registered No. 74
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lois Carroll 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 3 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	9	14	

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

9. BIRTHPLACE (CITY OR TOWN) Mineral Point
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Wm Bone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mineral P.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Katie Decline
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Potosi
(STATE OR COUNTRY) Mo

14. INFORMANT Wm Bone
(Address) Min. Point Mo.

15. FILED 8/17 1928 Jos. L. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928, to Aug 16, 1928, that I last saw her alive on Aug 15, 1928, and that death occurred, on the date stated above, at 3 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum
1174 1130
(duration) ..... yrs. ..... mos. 14 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
9 DID AN OPERATION PRECEDE DEATH? — DATE OF .....
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) G. F. Crasswell, M. D
8/17, 1928 (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: Potosi Mo.
DATE OF BURIAL: AUG 18 1928

20. UNDERTAKER: J. B. Boyer & Son, Potosi Mo.
ADDRESS

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD