

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

Do not use this space.

30383

**1. PLACE OF DEATH**

County Jackson  
 Township Blue  
 City Sugar Creek

Registration District No. 395  
 Primary Registration District No. 5534

File No. \_\_\_\_\_  
 Registered No. 334  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(s) Residence. No. 44 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Tilton

Sugar Creek  
 (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
79 | 2 | 17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House work  
 (b) General nature of industry, business, or establishment in which employed (or employer) At Home  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Emmerville  
 (STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER Henderson Box

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Susan King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT J. H. Gilmore  
 (Address) Sugar Creek Mo.

15. FILED 9/8 1928 F & Co. R  
 REGISTER

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1928, to Sept 6, 1928 that I last saw h. alive on Sept 5, 1928, and that death occurred, on the date stated above, at 12:50 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cardiac Failure due to  
Coronary-Renal Insufficiency

CONTRIBUTORY (SECONDARY) Influenza  
 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: Home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) W. L. Williams, M. D.

9/7, 1928 (Address) Taunmount 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 DATE OF BURIAL

Mound Grove 9-7 1928

20. UNDERTAKER ADDRESS  
C. D. Carson & Son, Indep. 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.

