3 23 1929
84
2
6

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

2990

1. PLACE OF DEATH
County Polk — Registration District No. 701 — File No.
Township — Primary Registration District No. 4422 — Registered No. 9
City Bolivar (No. ..... St. ..... Ward)

2. FULL NAME Carlene Ellen Koon
(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): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12 - 26

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	11	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(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) Bolivar Mo

PARENTS
10. NAME OF FATHER Carl Koon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bolivar
12. MAIDEN NAME OF MOTHER Nell Hargis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Bolivar

14. INFORMANT Carl Koon
(Address) Bolivar Mo

15. FILED Jan 4th, 1929 J F Roberts REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1927, to Jan 10, 1929 that I last saw her alive on Jan 10, 1925, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11B
88A
..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Otitis Media Purulenta
..... (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D E Hammontree, M. D
1/10, 1929 (Address) Bolivar 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: Greenwood
DATE OF BURIAL: Jan 12 1929

20. UNDERTAKER: Hutcheson - Blue
ADDRESS: Bolivar