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

✓ Do not use this space.

4265

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Deaconess Hospital St. ..... Ward)

File No. .....

Registered No. 891

2. FULL NAME James A. Boone

(a) Residence. No. 4151 Connecticut St., 17 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: Male
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) Mar 28th 1873

7. AGE: Years 55 | Months 9 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Wood Turner
(b) General nature of industry, business, or establishment in which employed (or employer): St. Louis Coffin Co
(c) Name of employer: Frederick D. Gardner

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Tennessee

PARENTS

10. NAME OF FATHER: Unknown Boone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT: Mrs. Mary E. Allen
(Address) 4151 Connecticut St.

15. FILED ....., 19.. Max C Stanberry, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1929, to Jan 17th 1929 that I last saw him alive on Jan 17th 1929, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tumor of Bladder
probably Carcinoma
51B
132B (duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Uremia (duration) ..... yrs. ..... mos. 3 ds.

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18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 4151 Connecticut St
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no. Not permitted by Fam
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. E. Markwort, M.D.
Jan 18th, 1929 (Address) 2320 S. Grand Bl

*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: Union City Tenn | DATE OF BURIAL: Jan 18th 1929

20. UNDERTAKER: Wm J Robert Louce | ADDRESS: 1905 S Grand Blvd

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 UNFADING INK—THIS IS A PERMANENT RECORD

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31
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