

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

Do not use this space.

17917

1. PLACE OF DEATH

County Hickory
Township Wheatland
City Wheatland (No.)

Registration District No. 359
Primary Registration District No. 6504

File No.
Registered No. 4
St. Ward

2. FULL NAME

Ben E. Boone

(a) Residence No. Wheatland, Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Nov 20 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 6 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer Wheatland

9. BIRTHPLACE (CITY OR TOWN) Wheatland
(STATE OR COUNTRY) Hickory Co. Mo.

10. NAME OF FATHER Joel N. Boone

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary G. Joplin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

14. INFORMANT Ed Boone
(Address)

15. FILED 6/26 29 Mrs. S. G. Gentry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1929

17. I HEREBY CERTIFY That I attended deceased from Feb - 1 - 1929 to May - 27 - 1929 that I last saw him alive on May 27, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
920
99

CONTRIBUTORY (SECONDARY) Arterial Sclerosis
(duration) 4 yrs. mos. da.

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) A. S. Johnston, M. D.

6-14-1929 (Address) Wheatland 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 Wheatland DATE OF BURIAL May 29 1929

20. UNDERTAKER J. R. Luckey ADDRESS Wheatland 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.

NOV 25 1929

