

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

Do not use this space.

8173

1. PLACE OF DEATH

County Cooper
Township _____
City Boonville (No. _____)

Registration District No. 218
Primary Registration District No. 3015

File No. _____
Registered No. 32
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12 - 1844

7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
85 9 15

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). _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY) _____

10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT Mildred Todd
(Address) Clifton city Mo

15. FILED Mar 10 - 1930 J. W. Kinley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1930

17. I HEREBY CERTIFY, That I attended deceased from mar 5, 1930, to mar 9, 1930 that I last saw him alive on mar 5, 1930 and that death occurred, on the date stated above, at 5:10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia

(duration) yrs. mos. ds.

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

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 Personal history
(Signed) T. C. Beecher, M. D.

3-10-1930 (Address) Boonville, 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 New Tabson DATE OF BURIAL Mar 10 1930

20. UNDERTAKER Schurzky - Newst ADDRESS Boonville

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.

APR 28 1930

