

APR 28 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Franklin*Registration District No. *294*Township *W. Clear*Primary Registration District No. *4178*City *Clear* (No. *1*)File No. *8281*Registered No. *7*St. *Clear* Ward *1*

2. FULL NAME

(a) Residence. No. *1* St. *Clear* Mo.

(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)

Widowed

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

*W. G. Hall*6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 23 1865*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*64**8**16*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(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)

Franklin Co. Mo.

10. NAME OF FATHER

Cyrus Booker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Franklin Co. Mo.

12. MAIDEN NAME OF MOTHER

Kiana Hoff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

14.

INFORMANT

(Address)

*Mrs. Hazel Corbin**Clear Mo.*

15.

FILED

3/17, 19*30**W. E. Mitchell*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

3-13 1930

17.

I HEREBY CERTIFY, That I attended deceased from *5/30/27*, 19*27*, to *3-13*, 19*30*that I last saw him alive on *3-13*, 19*30*; and that death occurred, on the date stated above, at *11:55 P.M.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

Coronavirus of Intestine + Mesenteric

CONTRIBUTORY (SECONDARY)

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) *W. S. Dueschnecht*, M. D.*3/17*, 19*30* (Address) *Clear 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

*Marionetan Cemetery**3/13 1930*

20. UNDERTAKER

ADDRESS

*Margie Dueschnecht**Clear 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.

THIS IS A PERMANENT RECORD

