

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

Do not use this space.

8446

PLACE OF DEATH
MAR 27 1931

County Boonville Registration District No. 814
Township Boonville Primary Registration District No. 6063
City Boonville (No.) St. Ward)

File No.
Registered No. 8
St. Ward)

6. FULL NAME May Ella Jerry
(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 Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unmarried

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 15 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	0	6	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. maid
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Eugene Jerry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Miss.

12. MAIDEN NAME OF MOTHER Mauda Fox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Mo.

14. INFORMANT Eugene Jerry
(Address) Boonville, Mo.

15. FILED 2-21-31 Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-20-31

17. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....
that I last saw him alive on 19....., and that death occurred, on the date stated above, at m.
THE CAUSE OF DEATH WAS AS FOLLOWS:
Natural Causes
Probably Septicemia
3d (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (5)

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) George R. Bennett, M. D.
corner of 3rd and 4th
19..... (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 Parsonage DATE OF BURIAL 2-20-31

20. UNDERTAKER Q. D. M. Huston ADDRESS Boonville, Mo.

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.

