

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

Do not use this space.

7856

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1. PLACE OF DEATH *Home*  
 County *Jefferson* Registration District No. *213*  
 Township *Jefferson* Primary Registration District No. *3014*  
 City *Jefferson* (No. *B. Marys Hospital*) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME *Ernest Van Booven*  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward *Americus - 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *S*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 15 1910*  
 7. AGE YEARS MONTHS DAYS *22 9 10* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in occupation *Always*  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Montgomery Co. Mo.*  
 FATHER 13. NAME *Wm Van Booven*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Montgomery Co. Mo.*  
 MOTHER 15. MAIDEN NAME *Annie Fischer*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Warren Co. Mo.*  
 17. INFORMANT *Ernest Van Booven* (ADDRESS) *Americus - mo.*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Sturkemburg* DATE *3/28/1932*  
 19. UNDERTAKER *Betha Baker* (ADDRESS) *Americus - mo.*  
 20. FILED *3/25/1932* 19. *3* *J. C. Bedford* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 25 1932*  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
*Fracture right leg below knee, and injury to chest - accidentally by tree falling on him*  
 Date of onset *6?*  
 Other contributory causes of importance: *1900 1940*  
 Name of operation *fracture reduced* of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *no*  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? *0* Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. *Home*  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? *no*  
 If so, specify \_\_\_\_\_  
 (Signed) *J. C. Bedford*, M. D.  
 (Address) *Jefferson 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 25 1932

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