

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

Do not use this space.

9520

13

1. PLACE OF DEATH

79 County Boone
2 Township Archie
6 City Boonville (No. _____)

Registration District No. 660
Primary Registration District No. 4396

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

2. FULL NAME

(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 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) July 9 - 1890
7. AGE YEARS 41 MONTHS 8 DAYS 14 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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 this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Boone Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Bernard Weber

14. BIRTHPLACE (CITY OR TOWN) Boone Co. Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Larrie Bleckle

16. BIRTHPLACE (CITY OR TOWN) Deuel Ill. (STATE OR COUNTRY)

17. INFORMANT Mrs. Carrie Hester (ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville Mo. DATE March 25, 1932

19. UNDERTAKER W. J. Young (ADDRESS) Boonville Mo.

20. FILED 325-107-762-111 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925 to March 23, 1932.
I last saw him alive on March 23, 1932 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 73 A
Other contributory causes of importance: 23 (1)

Name of operation _____ Date of _____
(What test confirmed diagnosis? _____ Was there an autopsy? _____)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) E. A. Niedert, M. D.
(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.

APR 28 1932

