

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

Do not use this space.

12035

**1. PLACE OF DEATH**

27 County Cooper Registration District No. 218  
 24 Township \_\_\_\_\_ Primary Registration District No. 3P15  
 4 City Boonville, Mo. 705 Locust File No. \_\_\_\_\_  
 Registered No. 42  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Infant of Louis & Mrs. Shark  
 (a) Residence, No. 705 Locust 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. / da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 11 - 32

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 18 hrs. or 30 min. #

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (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 Louis Shark

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lee Co. Iowa  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Marie Bales

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cooper Co. Mo.  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Louis Shark  
 (Address) Boonville Mo.

15. FILED 4/12 1932 Gar. Russell  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 12 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1932, to \_\_\_\_\_, 19\_\_\_\_, that I last saw her alive on Apr 11, 1932, and that death occurred, on the date stated above, at \_\_\_\_\_ P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature birth  
6 1/2 months gestation  
159 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) none  
159 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) C. F. Potts, M. D.  
 (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, DATE OF BURIAL  
City Cemetery Boonville 4/12 1932

28. UNDERTAKER Goodman & Co. Boonville Mo  
 ADDRESS \_\_\_\_\_

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.

MAY 23 1932

