

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

Do not use this space.

22821

1. PLACE OF DEATH

County Boonville Registration District No. 688 File No. 73070
 Township Boonville Primary Registration District No. 12 Registered No. 73070
 City Boonville No. 12 St. Boonville (If nonresident, give city or town and State) Ward

2. FULL NAME

(a) Residence. No. 306 Highland St. Ward. 12
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mes. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 80
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work unknown
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9, 1934
 17. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to July 10, 1934, 1934
 that I last saw deceased alive on July 10, 1934, and that death occurred, on the date stated above, at Boonville, Mo. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Medical Regulator
908 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

720 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. 7 2

DID AN OPERATION PRECEDE DEATH. DATE OF 7/10/34

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS gastro

(Signed) Dr. J. C. Brown, M. D.

7/10, 1934 (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.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo. 31

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14. INFORMANT

(Address) 1017 1/2 E. 12th St. Boonville, Mo.

15. FILE NO.

731230 1934 M. M. Crowe REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Highland Cemetery DATE OF BURIAL 7-17 1934

20. UNDERTAKER

W. W. Fairthair ADDRESS 1217 N. 11th St.

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.

