

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

Do not use this space.

26674

1. PLACE OF DEATH

58 County Linn Registration District No. 496
Township Boonfield Primary Registration District No. 3025
City Boonfield (No. 716) Linn St. 1 Ward

File No. _____
Registered No. 68

2. FULL NAME

(a) Residence, No. 716 Linn St. 1 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

SA: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Games

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-1-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 - 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 1-1-1902 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Dont know (STATE OR COUNTRY) Kansas

13. NAME Levi Games

14. BIRTHPLACE (CITY OR TOWN) Dont know (STATE OR COUNTRY) "

15. MAIDEN NAME Adeline Germain

16. BIRTHPLACE (CITY OR TOWN) Dont know (STATE OR COUNTRY) "

17. INFORMANT Mrs. Frank Burghardt (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownington DATE Aug. 4 1932

19. UNDERTAKER C. White (ADDRESS) Boonfield

20. FILED 8-3 1932 E. E. Jackson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-1 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1930 1930, to Aug. 1 1932
I last saw him alive on July 28 1932 Death is said to have occurred on the date stated above, at 11 P. m.

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

Cerebral Hemorrhage Date of onset July 20 1932

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____ 1932

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. Spangley, M. D.
(Address) Boonfield

WRITE FULLY, 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.

SEP 24 1932

