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.

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

Do not use this space.

30820

1. PLACE OF DEATH
County ST. Louis — Registration District No. 791 — File No.
Township — Primary Registration District No. — Registered No. 8529
City ST. Louis (No. Barnard St. Ward)

2. FULL NAME Annie Bovee
(a) Residence, No. 6116 Alaska St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Bovee (dead)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE 63 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 50
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 2358 93C
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

FATHER
13. NAME John Boon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland 2

MOTHER
15. MAIDEN NAME Mary Shelvy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Pearl Schwartz 6116 Alaska
18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton Mo. DATE 9/24/1932
19. UNDERTAKER (ADDRESS) Peoples Ind. Co. 3155 Franklin Ave
20. FILED SEP 23 1932 19 Day C. Harker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20, 1932
22. I HEREBY CERTIFY, That I attended deceased from 9-8-, 1932, to 9-20, 1932
I last saw her alive on 9-20, 1932 Death is said to have occurred on the date stated above, at 9:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	
Malaria —	
(Aestivo-Autumnal)	
Carcinoma L. Breast	10 yrs ago

Other contributory causes of importance:
Sub-acute Nephritis
Toxic absorption of proteins after cautery

Name of operation Cautery Mammectomy Date of 9-10-32
What test confirmed diagnosis? Microscopic Was there an autopsy? No

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) James D. O'Connor, M. D.
(Address) 3427 Washington Ave St Louis, Mo