

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.

1. PLACE OF DEATH
County Jackson Registration District No. 390
Township Kaw Primary Registration District No. 002
City K.C. Mo. (No. St Marys Hospital) St. 48 Ward

2. FULL NAME William R. Van Booven
(a) Residence, No. 3924 Windsor St., 10 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.

1318

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Antonie Van Booven

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1864

7. AGE YEARS 68 MONTHS 8 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pac R.R. Co.

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

13. NAME Peter Van Booven

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT G. R. Van Booven
(ADDRESS) 124 North Topping K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater, Mo. DATE 1-4

19. UNDERTAKER R.V. Lindsey & Sons, Inc.
(ADDRESS) K.C. MO.

20. FILED 1-4 1933 M.M. Crowe
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1932 to Jan 3 1933

I last saw him alive on Jan 3 1933 Death is said to have occurred on the date stated above, at 2:30 PM

The principal cause of death and related causes of importance were as follows:
Acute coronary thrombosis?
124th
124th

Other contributory causes of importance: _____

Name of operation Exploratory Sapheromy Date of Oct-1932
What test confirmed diagnosis physical & chemical Was there an autopsy? yes

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) J. E. Conatser M. D.
(Address) 822 Argyle Bldg
K.C., Mo.

