

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

Do not use this space.

30122

1. PLACE OF DEATH

55°
4 County Lawrence
Township St. Vernon Mo.
City St. Vernon Mo. (No.)

Registration District No. 4711
Primary Registration District No. 38

File No.
Registered No. 66 St. Ward)

2. FULL NAME

Boone, Miss Ruth Loustone

(a) Residence, No. 2807 Highland Ave. St., P.C. No. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 - 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>19</u>	<u>7</u>	<u>1</u>	

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

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) 3/1/33 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winnipeg, Man.

13. NAME Robert Boone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis, Tenn.

15. MAIDEN NAME Gene Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence, Ala.

17. INFORMANT Mother, State Sanitation Dept. (ADDRESS) St. Vernon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City DATE Sep 2 1933

19. UNDERTAKER Dr. St. Vernon, Mo. (ADDRESS)

20. FILED Exp. 6 1933 P.A. Holmes Registrar.

(1) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9. 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/25/33 1933, to Sept. 2nd 1933. I last saw him alive on 9/2nd 1933. Death is said to have occurred on the date stated above, at 10-9 a.m.

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

Pulmonary tuberculosis - Date of onset Jan. 1933
osis, T. A.

Other contributory causes of importance: 3A

Name of operation Date of
What test confirmed diagnosis? clinical 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? Yes
If so, specify Scott G. Baird

(Signed) Scott G. Baird M. D.
(Address) St. Vernon, Mo.

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.

OCT 20 1933

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