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.

NOV 10 1933

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

Do not use this space.

34479

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8620

City St Louis Mo (No. City Hospital #2 ..... St. ..... Ward)

2. FULL NAME Harold Boone

(a) Residence, No. 2105a Wash St., N Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Col

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) 3-1-1895

7. AGE YEARS 38 MONTHS 7 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

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) Illinois

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Lizzie Boone

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

17. INFORMANT (ADDRESS) A Gertrude Heath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jefferson Barracks DATE 10-7-33

19. UNDERTAKER (ADDRESS) A. L. Blal Und. Co. 2726 Sulphur

20. FILED Oct-3 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-1-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1933, to 10-1-, 1933

I last saw he alive on 10-1-, 1933. Death is said to have occurred on the date stated above, at 12:05 a m.

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

	Date of onset
Chronic Alcoholism	
75A	
75B	

Other contributory causes of importance:

Interim Terminal

Name of operation ..... Date of .....

What test confirmed diagnosis? Obs. Lab. 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? .....

If so, specify .....

(Signed) R Smith, M. D.

(Address) City Hosp #2