

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.

36989

1. PLACE OF DEATH

County Kn. of
Township Galus
City Newark (No. _____)

Registration District No. 445
Primary Registration District No. 5605

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

2. FULL NAME

(a) Residence, No. _____ St. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1856 March 23</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>7</u>	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>			
	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)			
				11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>				
FATHER	13. NAME <u>Richard Boon</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>			
MOTHER	15. MAIDEN NAME <u>Mary Bryan</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>			
17. INFORMANT <u>George Stokes</u> (ADDRESS) <u>Newark, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Newark</u> DATE <u>Nov. 12</u> 19 <u>33</u>				
19. UNDERTAKER <u>Thomas Ball</u> (ADDRESS) <u>Swine Mo.</u>				
20. FILED <u>Nov. 12</u> 19 <u>33</u> <u>Dairy Hall</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10/33 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1933, to November 1933
I last saw her alive on November 1st 1933 Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cardiac disease, mitral and aortic insufficiency
Date of onset April 1933
Other contributory causes of importance: Weakness and age

Name of operation _____ Date of _____
(What test confirmed diagnosis? _____ 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 _____ 1933
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) E. O. Holmes M. D.
(Address) Newark Mo.

