

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Iron
Township Armadillo
City Mary Bone

Registration District No. 391
Primary Registration District No. 5346a

File No. 12715
Registered No. 20
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Woman</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>wife of Doc Bone</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1887</u>		
7. AGE YEARS <u>about 46</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>County charge</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation. <input checked="" type="checkbox"/>		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
	13. NAME <u>Not known</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
	15. MAIDEN NAME <u>Not known</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
FATHER	17. INFORMANT (ADDRESS) <u>W. J. Keathley</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>County farm</u> DATE <u>April 29, 1934</u>
	19. UNDERTAKER (ADDRESS) <u>St. Paul</u>
	20. FILED <u>May 8, 1934</u> <u>R.A. Ranch</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1934 to April 29, 1934
I last saw him alive on April 24, 1934 Death is said to have occurred on the date stated above, at 6 P.
The principal cause of death and related causes of importance were as follows:
Epilepsy
Date of onset _____

Other contributory causes of importance:
Had Convulsions

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) E. H. Danhouse, M. D.
(Address) Monte Carlo 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.

