

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

Do not use this space.

1. PLACE OF DEATH

County Boonville
Township South
City Boonville (No. _____)

Registration District No. 460
Primary Registration District No. 1683

File No. 17269
Registered No. 29
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 - 1967

7. AGE YEARS 67 MONTHS 3 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Lafayette Co Mo

13. NAME Dr. J. M. Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

15. MAIDEN NAME Susan Lillard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson Co Mo

17. INFORMANT (ADDRESS) Dr. J. M. Lee

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville Mo June 1 1934

19. UNDERTAKER (ADDRESS) Ernst Hegarty

20. FILED May 31 1934 V. B. McPherson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1934

22. I HEREBY CERTIFY, That I attended deceased from about 191 year _____, 19____

I last saw h. _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at 2A m.

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

70B

choleic Pericarditis
chronic

Other contributory causes of importance:

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 _____, 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) J. B. Wood, M. D.

(Address) Boonville Mo

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.

JUN 23 1934

