

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

Do not use this space.

25799

1. PLACE OF DEATH

County Boonville Registration District No. 653
Township Boonville Primary Registration District No. 3864
City Boonville (No. 1) St. Boonville Ward 1

File No. 40
Registered No. 40
St. Boonville Ward 1

2. FULL NAME

(a) Residence, No. Boonville St. Boonville Ward 1
(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. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
20 1 13

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

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) Pine Bluff Ark

13. NAME J. M. Beard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine Bluff Ark

15. MAIDEN NAME Lillie Bauman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine Bluff Ark

17. INFORMANT (ADDRESS) George Beard

18. BURIAL, CREMATION, OR REMOVAL PLACE Pine Bluff Ark DATE 7-20-34

19. UNDERTAKER (ADDRESS) W. J. Duggan

20. FILED 7-19-34 Boonville Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1934

22. I HEREBY CERTIFY, That I (attended deceased from July 10, 1934 to July 18, 1934 I last saw him alive on July 18, 1934 Death is said to have occurred on the date stated above, at 3:50 p.m.

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

Malariæ cachexia Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Serum 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

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) A. H. Shreeve, 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.

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