

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.

NOV 14 1934

35589

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville (No.)

Registration District No. 218
Primary Registration District No. 3015

File No. 149
Registered No.
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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe. Collins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5-1866</u>		
7. AGE <u>68</u>	YEARS <u>3</u>	MONTHS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline County Mo</u>		
13. NAME <u>Stepie Spears</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Lucy Spears</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline County Mo</u>		
17. INFORMANT (ADDRESS) <u>Melford Collins</u> <u>Boonville Mo.</u>		
18. BURIAL CREMATION OR REMOVAL PLACE <u>Figgs Creek</u> DATE <u>Oct 22</u>		
19. UNDERTAKER (ADDRESS) <u>Boonville Mo</u>		
20. FILED <u>Oct 21</u> 1934 <u>D. M. W. Boonville</u> Registrar.		

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1934 to Oct 20 1934

I last saw her alive on Oct 20 1934 Death is said to have occurred on the date stated above, at 3:25 P.

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

myocarditis

Date of onset
1933

Other contributory causes of importance:

arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Exam 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? no

If so, specify TC Beckett (Signed), M. D.

(Address) Boonville, Mo

