

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.

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

Do not use this space.

NOV 13 1934

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 4428 Cote Brilliante Ave. St. .... Ward .....

File No. **38012**  
Registered No. **10501**

**2. FULL NAME** Clarence Boone

(a) Residence, No. 4428 Cote Brilliante, 11 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lovie Boone</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28th, 1888</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>3</u>	DAYS If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</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) <u>Unk.</u>
	11. Total time (years) spent in this occupation <u>Unk.</u>

12. BIRTHPLACE (CITY OR TOWN) Appleton  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John Boone

FATHER 14. BIRTHPLACE (CITY OR TOWN) Unavailable  
(STATE OR COUNTRY) Alabama

MOTHER 15. MAIDEN NAME Mary--Unavailable

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Unavailable  
(STATE OR COUNTRY) Unavailable

17. INFORMANT (ADDRESS) Lovie Boone  
4428 Cote Brilliante Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Oct. 31, 1934

19. UNDERTAKER (ADDRESS) Chas J. Gates  
4107 Finney Ave.

20. FILED OCT 31 1934 J. Brebeck  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1934, to October 12, 1934

I last saw h. im alive on October 12, 1934 Death is said to have occurred on the date stated above, at 1:51 m. a. m.

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

92A  
93A  
Myocarditis - acute  
(Organism unknown)  
Date of onset Oct. 10, 1934  
Other contributory causes of importance: None  
Acute Valvular Disease  
July

Name of operation none Date of.....  
What test confirmed diagnosis? clinical 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) J. W. ..., M. D.  
(Address) J. H. ... Easton

