

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

Do not use this space.

1. PLACE OF DEATH

County Camden
Township Warren
City _____ (No. _____) St. _____ Ward _____

Registration District No. 121
Primary Registration District No. 5-123

File No. 38722
Registered No. _____

2. FULL NAME

Verdine Boone
(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 F 4. COLOR OR RACE W 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) Dec 10-1930

7. AGE YEARS 3 MONTHS 11 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child of the 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) Camden MO (STATE OR COUNTRY)

13. NAME Randoe Boone

14. BIRTHPLACE (CITY OR TOWN) Camden MO (STATE OR COUNTRY)

15. MAIDEN NAME Welda Gooney

16. BIRTHPLACE (CITY OR TOWN) Laclede MO (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Joe Gooney
Decaturville

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cemetery DATE 11-14 1934

19. UNDERTAKER (ADDRESS) none

20. FILED 11-28, 1934 Bucca Claiborne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1934, to 11-14, 1934

I last saw him alive on 11-13, 1934 Death is said to have occurred on the date stated above, at 1 A. m.

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

Diphtheria Date of onset 11-10-34

10

10

Other contributory causes of importance none

Name of operation heroin Date of 11-14

What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 none

(Signed) E. J. Claiborne, M. D.
(Address) Camden Missouri

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.

