

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.

AUG 6 1935

19335

1. PLACE OF DEATH

County Putnam Registration District No. 259
Township Chandler Primary Registration District No. 5339 B
City Chandler (No.) St. Ward

2. FULL NAME

Olus Tom Bone

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Berrie Bone</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11-1878</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>5</u>
	DAYS <u>16</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ret RFD Carrier</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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Century Co Mo</u>		
FATHER	13. NAME <u>John A Bone</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Century Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Anna Mc Clellan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Century Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Olus Bone</u> <u>Chandler Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Chandler Mo</u> DATE <u>6-27-35</u>		
19. UNDERTAKER (ADDRESS) <u>Maxwell Fine</u> <u>Chandler Mo</u>		
20. FILED <u>July 31-1935</u> <u>Mrs. Nettie Gibson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-15-35, 1935, to 6-27, 1935
I last saw alive on 6-17, 1935. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Date of onset 6-15-35

Other contributory causes of importance:
AWB

Name of operation Date of
What test confirmed 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 , 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
(Signed) , M. D.
(Address) Mayville Mo

