

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

Do not use this space.

22113

1. PLACE OF DEATH

County Boone
Township Columbia, Mo.
City Columbia, Mo. (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. _____
Registered No. 138
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1004 Wilkes Blvd. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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>White</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>James H. Acton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-11-1849</u>		
7. AGE <u>85</u>	YEARS <u>8</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>
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) Virginia

13. NAME Frank Saunders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs. Everett Armstrong
(ADDRESS) 1004 Wilkes Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Church DATE 7-20 1935

19. UNDERTAKER Parker Furniture Co.
(ADDRESS) Columbia, Mo.

20. FILED 7/19/ 1935 Allie Selby
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18 1935

22. I HEREBY CERTIFY That I attended deceased from July 15 1935 to July 18 1935.
Last saw him/her alive on July 18 1935. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Infectious Diarrhea
Date of onset _____

Other contributory causes of importance: Old age.

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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) H. P. Murr, M. D.
(Address) Columbia, Mo.

