

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.

NOV 19 1935

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

Do not use this space.

32058

1. PLACE OF DEATH

County Boone
Township Boone
City Boone (No. 117)

Registration District No. 117
Primary Registration District No. 5167

File No. 9
Registered No. 9
St. Boone Ward 1

2. FULL NAME

(a) Residence, No. 117
(Usual place of abode)

St. Boone Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 34 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>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>Mollie Avery</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS <u>50</u>	MONTHS <u>5</u>	DAYS <u>20</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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>Aug 30 1935</u>
	11. Total time (years) spent in this occupation <u>15</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME O. B. Avery

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

15. MAIDEN NAME Caroline Gullyford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Wife & sister

18. BURIAL, CREMATION, OR REMOVAL

PLACE Boone Mo DATE 10-15 1935

19. UNDERTAKER L. H. Greig

(ADDRESS) Boone Mo

20. FILED 11/17-10 1935 Jessie Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14 1935

22. I HEREBY CERTIFY, That I attended deceased from

19 10-14 to 10-14 1935

I last saw him alive on Oct-14 1935 Death is said

to have occurred on the date stated above, at 1 P m.

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

Overdose of Lister Date of onset 34

Other contributory causes of importance:

None

Name of operation None Date of 10-14

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury 10-14 1935

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) E. E. O'Leary M. D.

(Address) Boone Mo

Camden Mo

