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.

DEC 17 1935

1. PLACE OF DEATH
County Cape GIRARDEAU — Registration District No. 125 — File No. 35391
Township — Primary Registration District No. 3009 — Registered No. 330
City Cape Girardeau (No. ..., S E Mo Hosp. St. ..... Ward)

2. FULL NAME Mrs Elizabeth Boner Cape Girardeau Mo.
(a) Residence, No. ..... St., ... Ward. Chaffee Mo.
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr William H Boner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1891

7. AGE 44 YEARS — MONTHS 5 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) (STATE OR COUNTRY) Saline City Inda

FATHER
13. NAME Mr Woodford McBride
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know Don't Know

MOTHER
15. MAIDEN NAME Miss Laura Mummer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolling Green Inda Don

17. INFORMANT (ADDRESS) Mr W. S. Keller Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE U.P. Cem. Chaffee Mo DATE 11/21/ 1935

19. UNDERTAKER (ADDRESS) Blissling Hopp & Hubbard Chaffee Mo.

20. FILED 11-19 1935 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1935, to Nov 19, 1935
I last saw her alive on Nov. 19, 1935. Death is said to have occurred on the date stated above, at 7:15 P.m.
The principal cause of death and related causes of importance were as follows:

Surgical shock following hysterectomy — Date of onset

Other contributory causes of importance: Profuse menstruation, Uterine fibroid, Chronic metritis, lacerated cervix, Chr appendicitis.

Name of operation Appendectomy, Hysterectomy Date of Nov 19/35
What test confirmed diagnosis? Operation 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) G. B. Schultz, M. D.
(Address) Cape Girardeau, Mo.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

Do not use this space.

File No.
Registered No. 330

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 128
Township Primary Registration District No. 3009
City Cape Girardeau No. , St. Ward)

2. FULL NAME Mrs Elizabeth Bower

(a) Residence, No. St., 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
44	5	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 4-7 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nonmalignancy	

Other contributory causes of importance:
uterine fibroid. Chronic Metritis Lacerated Cervix Chronic appendicitis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) O. J. Schultz, M. D.
(Address) Cape Girardeau Mo.

SUPPLEMENTARY

S-35391