

MAR 16 1936

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

Do not use this space.

184

1. PLACE OF DEATH

County BooneRegistration District No. 73Township BoonePrimary Registration District No. 3006City Columbia (No.)File No. Registered No. 33St. Ward 2. FULL NAME Mari Frances Hieronimus(a) Residence, No. 201st. Allen 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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-20-1912</u>		
7. AGE	YEARS	MONTHS
<u>23</u>	<u>3</u>	<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fayette, Mo.</u>		
13. NAME <u> Sterling Hieronimus</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>		
15. MAIDEN NAME <u>Willie Mae Welke</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fayette, Mo.</u>		
17. INFORMANT <u>Willie Mae Fern</u> (ADDRESS) <u>Columbia, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fayette Mo.</u> DATE <u>2-12</u> 19 <u>36</u>		
19. UNDERTAKER <u>Wm. G. Guber</u> (ADDRESS) <u>Columbia, Missouri</u>		
20. FILED <u>2/12/36</u> 19 <u>36</u> <u>Allie Selby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28 193622. I HEREBY CERTIFY, that I attended deceased from 1/28/36, 1936, to 2/28/36I last saw her alive on 1/23, 1936. Death is saidto have occurred on the date stated above, at 1 A. M.

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

Pneumonia
Lobar

Date of onset 10/8Other contributory causes of importance: Name of operation none Date of What test confirmed diagnosis? chest 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 H. R. Hoffman M. D.(Signed) H. R. Hoffman M. D.(Address) 128 8th St.

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.

Boyd

THE UNIVERSITY OF CHICAGO
PRESS