

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.

MAY 25 1936

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

Do not use this space.

7253-1

1. PLACE OF DEATH

County Pulaski

Registration District No. 714

Township Pratt

Primary Registration District No. 5943

City Boonville

(No. ....)

File No. 3A

Registered No. 9

St. .... Ward

2. FULL NAME

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1872

7. AGE YEARS 63 MONTHS 9 DAYS 4 If LESS than 1 day, .... hrs. or .... min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) Feb 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanna MO Pulaski

13. NAME Geo Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Blanche Montgomery

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

17. INFORMANT (ADDRESS) Ray Wood Boonville

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville Feb 25, 1936

19. UNDERTAKER (ADDRESS) C. W. Vaughn & Son Boonville

20. FILED 5-5- 1936 D. G. Roone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1936 to Feb 24, 1936

I last saw him alive on Feb 24, 1936 Death is said

to have occurred on the date stated above, at 3:40 P. M.

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

Pneumonia, bronchial, double

Date of onset 2-13-36

Other contributory causes of importance:

1072

Name of operation None Date of None

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? no Date of injury no 19no

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify C. W. Maltell (Signed) no M. D.

(Address) Boonville, MO

