WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUN 23 1936

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

Do not use this space.

16071

File No. ____
Registered No. 36

1. PLACE OF DEATH

County Mississippi — Registration District No. 667
Township St James — Primary Registration District No. 5763
City ____ (No. ____ St. ____ Ward)

2. FULL NAME George Washington Bone

(a) Residence, No. ____ Mississippi Co. St., ____ Ward. ____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23 — 1856

7. AGE: Years 80 — Months 2 — Days 11 — If LESS than 1 day, ____ hrs. or ____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Co. Ky.

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

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

17. INFORMANT J. P. Bone
(ADDRESS) East Prairie, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dogwood DATE April 5 1936

19. UNDERTAKER Travis Shelby
(ADDRESS) East Prairie Mo

20. FILED June 1 1936 Duff M. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1936

22. I HEREBY CERTIFY, That I attended deceased from New Year's Day 1936 to ____ 19____
I last saw him alive on April 4 1936 Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Face	
Begun on nose and spread to face	
Carcinoma of Face	

Other contributory causes of importance:

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) Frank L. Vernon
(Address) Charleston Mo.