

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.

AUG 24 1936

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

Do not use this space.

26851

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Yan Primary Registration District No. 1002  
City Thomas City (No. 75) Gen Hosp St. 0000 Ward)

File No. ....  
Registered No. 3523  
St. 0000 Ward)

2. FULL NAME

Robert Bone  
(a) Residence, No. St James Hotel Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2 1859</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>
	DAYS <u>26</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>laborer</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) <u>Indep</u> (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>Wm Bone</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Va</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Jennie Clark</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Indep</u> (STATE OR COUNTRY)	
17. INFORMANT <u>De Wad Clark</u> (ADDRESS) <u>75 C Gen Hosp</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Northwood</u> DATE <u>July 1936</u>		
19. UNDERTAKER <u>2111 1/2 S. 1st St. Co</u> (ADDRESS) <u>2111 1/2 S. 1st St. Co</u>		
20. FILED <u>July 28 1936</u> <u>M. M. Bone</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-15 1936 to 7-28 1936  
I last saw him alive on 7-28 1936. Death is said to have occurred on the date stated above, at 1111 m  
The principal cause of death and related causes of importance were as follows:  
Hypertrophy and dilatation of heart; Chronic glomerular nephritis  
Date of onset 131

Other contributory causes of importance:  
Broncho pneumonia

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

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) J. J. Jones M. D.  
(Address) 75 C Gen Hosp

