

JAN 9 1937

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

Do not use this space.

44203

1. PLACE OF DEATH

County Cooper
Township
City Boonville

Registration District No. 218
Primary Registration District No. 3015
(No. St. Joseph Hospital)

File No.
Registered No. 143
St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5th 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 4 3

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

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) Dec 1936 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Bunator, Cooper Co Mo

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT Horace W. Hopkins

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville City DATE Dec 23rd 1936

19. UNDERTAKER Schubert Stegner

20. FILED Dec 23 1936 St. Joseph Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936 to Dec. 18, 1936

I last saw him alive on Dec 18, 1936. Death is said to have occurred on the date stated above, at 6²⁰ P.M.

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

acute gangrenous appendicitis Date of onset 12-18-36

Other contributory causes of importance:

Name of operation Laparotomy Date of 12-16-36

What test confirmed diagnosis? specimen 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 T. C. Beckett, M. D. (Signed) Boonville, Mo (Address)

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945