

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

Do not use this space.

44207

1. PLACE OF DEATH

County Cooper
Township Boonville
City (No. _____) _____

Registration District No. 218
Primary Registration District No. 5298

File No. _____
Registered No. 146 _____
St. _____ Ward _____

2. FULL NAME Albert T. Piatt

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Piatt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30-1886
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 50 1 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31-1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1936, to Dec 31, 1936
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmers
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Dec 31-1936 11. Total time (years) spent in this occupation all life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo.

Angina Pectoris
Due to acute indigestion
Other contributory causes of importance acute indigestion
Name of operation none Date of _____
What test confirmed diagnosis? History Was there an autopsy? no

13. NAME James M. Piatt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
15. MAIDEN NAME Belle Lloyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
17. INFORMANT Mrs Albert T Piatt (ADDRESS) Boonville Mo

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? Boonville Cooper Co (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 _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Cem DATE Jan 3rd 1937
19. UNDERTAKER Goodman & Baller (ADDRESS) Boonville Mo
20. FILED Jan 2 1937 Registrar D. S. Cooper

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Dr. R. L. Anderson (Address) Boonville Mo
Coroner Cooper Co.

Property of Missouri State Board of Health. Exact statement of OCCUPATION is very important.

