

FEB 17 1937

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

Do not use this space.

999

1. PLACE OF DEATH

81 County Greene Registration District No. 318
Township North Campbell Primary Registration District No. 5439
City Springfield (No. RF 11) St. 40 Ward

File No. 999
Registered No. 0034
St. 40 Ward

2. FULL NAME

Jamerson B. Boncain
(a) Residence No. County Alton House Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 910 yrs. 90 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 Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 17

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work no
(b) General nature of industry, business, or establishment in which employed (or employer) no
(c) Name of employer no

9. BIRTHPLACE (CITY OR TOWN) no
(STATE OR COUNTRY)

10. NAME OF FATHER Anthony

11. BIRTHPLACE OF FATHER (CITY OR TOWN) no
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER no

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no
(STATE OR COUNTRY)

14. INFORMANT W M McDonald
(Address) Greene Co Alton House

15. DATE Jan 10 1937 REGISTRAR Chas A George, M.D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10, 1937

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1936, to Jan 10, 1937
that I last saw him alive on Jan 10, 1937, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bilateral Pulmonary Tuberculosis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Xray & + sputum
(Signed) L. M. Garner, M.D.
Jan 10, 1937, (Address) Box 148, Springfield, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greene Co. Alton House DATE OF BURIAL Jan 10 1937

20. UNDERTAKER W M McDonald ADDRESS Greene Co Alton House

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.

