

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois Registration District No. 773
Township St. Francois Primary Registration District No. 6018A
Near City Farmington, Mo. (No. 4) St. 1 Ward 1

File No. 13250
Registered No. 61

2. FULL NAME William Felton Boone

(a) Residence, No. Charleston, Mo. St. 1 Ward 1
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Clinton
(STATE OR COUNTRY) Kentucky

13. NAME William Felton Boone
14. BIRTHPLACE (CITY OR TOWN) Davidson County,
(STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Alloway
16. BIRTHPLACE (CITY OR TOWN) Wilton County
(STATE OR COUNTRY) Tenn.

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL Charleston, Mo. March 27 1937
PLACE Old Fellows Cemetery

19. UNDERTAKER Frank Lair Undertaking Co.
(ADDRESS) Charleston, Mo.

20. FILED March 26, 1937 T. J. Robinson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1936, to March 26, 1937

I last saw him alive on March 26, 1937. Death is said to have occurred on the date stated above, at 1:50 p.m.

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

Generalized arteriosclerosis Date of onset
(with frequent petechial cerebral hemorrhages)

Other contributory causes of importance:

General physical and mental deterioration and Terminal Broncho Pneumonia

Name of operation None Date of None
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1937
Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None
(Signed) P. S. Tate, M.D.
(Address) State Hosp #4 Farmington, Mo.

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.

