

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

Do not use this space.

**MAY 21 1937**

**1. PLACE OF DEATH**

48 County Jackson Registration District No. 404 File No. 16615  
 Township Washington Primary Registration District No. 5-3-5-8 Registered No. 30  
 City Kansas City, Mo. (No. 8304 Main Street) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Dean Boone

(a) Residence, No. 8304 Main Street 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	51	10	17	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Napeleon Boone

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Genie Douglass

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Rosa Boone  
 (ADDRESS) 8304 Main Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Parrest Hill DATE Apr 10 1937

19. UNDERTAKER R. V. Lindsey & Sons,  
 (ADDRESS) 3811 Broadway, K. C. Mo.

20. FILED 5-8-37 Mrs J. Brennan  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 6 - 1937 to Apr 8 - 1937

I last saw him alive on Apr 8 - 1937. Death is said to have occurred on the date stated above, at 8:45 P.M.

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

Cerebral Apoplexy (Date of onset 4-6-37)

Other contributory causes of importance: Rheumatoid Arthritis (1931)

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Chemical 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 \_\_\_\_\_

(Signed) R. F. Brennan, M. D.  
 (Address) Madison City Mo.

Dr. Brainerd  
Martin City, Mo.

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