

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH

78 County Boonville

Township Boonville

City Boonville

Registration District No. 653

Primary Registration District No. 5864

File No. 17178

Registered No. 40

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. _____ da. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ da. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

1-12-1852

7. AGE

YEARS

84

MONTHS

10

DAYS

18

If LESS than 1 day, _____ hrs. or _____ min.

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

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

None

11. Total time (years) spent in this occupation

None

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

Boonville, Mo.

13. NAME

OK

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

Boonville, Mo.

15. MAIDEN NAME

None

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

Boonville, Mo.

17. INFORMANT (ADDRESS)

Albert Shultz

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Boonville, Mo.

DATE

4/25

19. UNDERTAKER (ADDRESS)

Boonville, Mo.

20. FILED

4-25

19. 37

yr.

mo.

da.

yr.

mo.

da.

yr.

mo.

da.

yr.

mo.

da.

yr.

mo.

da.

yr.

mo.

da.

yr.

mo.

da.

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

4/24 1937

22. I HEREBY CERTIFY, That I attended deceased from

_____ 19____, to _____ 19____

I last saw h. _____ alive on _____ 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Senility

Date of onset

162

Other contributory causes of importance:

No attending Physician

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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?

If so, specify _____

(Signed) JWR Rhoads Registrar

(Address) Boonville, Mo.

