

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.

DEC 13 1937

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

Do not use this space.

39557

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City.....

Registration District No. **791**  
 Primary Registration District No. **1003**  
 (No. **2710**, **Dayton**)

File No.....  
 Registered No. **10544**  
 St. .... Ward)

**2. FULL NAME**

**John Boone**  
 (a) Residence No. **2710 Dayton** St., **21** Ward.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **12-7-1874**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.  
**62 11 4**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Porter**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **I. C. R. P. Co.**  
 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) **Egal Town ship**  
 13. NAME **York Boone**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**  
 15. MAIDEN NAME **Sarah Nelson**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

17. INFORMANT **Fannie Murray**  
 (ADDRESS) **2710 Dayton St**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Washington Park** DATE **11-19** 1937

19. UNDERTAKER **J. H. Richardson**  
 (ADDRESS) **11 Jefferson Ave**  
**NOV 13 1937**

20. FILED **J. H. Bredeck**  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **NOV. 11** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Dec-26** 19**35**, to **Nov 11** 19**37**  
 I last saw him alive on **Nov 11** 19**37**. Death is said to have occurred on the date stated above, at **9:30 a.m.**  
 The principal cause of death and related causes of importance were as follows:

**Chronic Myocarditis**  
**Following Pneumonia Tabaci**  
**Chronic Bronchopneumonia**  
**Right**  
 Date of onset **1-15-35**  
**108**  
**14/4/37**

Name of operation **None** Date of.....  
 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?..... 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. E. Owen**, M. D.  
 (Address) **607 7th St**

W 2000



FILL IN SPACES  
CHOC PENCIL.

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

39557  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis Registration District No. 791  
(b) Township Primary Registration District No. 1003  
(c) City (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number)  
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Boone  
(a) Residence, No. \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city)  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
(write the word)

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.  
62 11 4

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

Industry or business in which work was done, as 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) Miss.

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 8/1 19 27 J. F. Brebeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw him 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:

Date of onset

Other contributory causes of importance:

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) R. E. Owens, M. D.

(Address) 607 N. Grand

SUPPLEMENTARY

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