

REC'D MAY 13 1938

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

Do not use this space.

14762

1. PLACE OF DEATH ² History Registration District No. 3-6-10 6271
 County Madison Primary Registration District No. 5-1-0-6
 Township Jordan Registered No. 2
 City (No. _____) St. _____ Ward _____

2. FULL NAME Karl Victor Boon 500
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22 - 1938</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	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) <u>Mo</u> 0		
FATHER	13. NAME <u>Chas Boon</u> 1	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Okla</u> 0	
MOTHER	15. MAIDEN NAME <u>Ada Cuskey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Chas Boon</u> (ADDRESS) <u>Jordan Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel Cemetery May 3 1938</u>		
19. UNDERTAKER <u>Paul Warfield</u> (ADDRESS) <u>Cross Timbers Mo</u>		
20. FILED <u>APR 10 1938 15-0-6 Perrett</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2 1938

22. I HEREBY CERTIFY That I attended deceased from Feb 22 1938 to Mar 1 1938
 I last saw him alive on Mar 1 1938 Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:
Labor Pneumonia
 Date of onset _____

Other contributory causes of importance: act of God 100

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 LA Glass
 (Signed) _____, M. D.
 (Address) Chrana, Mo

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.

