

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

Do not use this space.

44331

1. PLACE OF DEATH

County St. Charles
Township Calloway
City 500 John Boone (No.)

Registration District No. 759
Primary Registration District No. 6000

File No.
Registered No. 2 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. 3 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or 32 min.

OCCUPATION 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.
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) Hearts Hill D

FATHER 13. NAME Samuel Boone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minneapolis Mo

MOTHER 15. MAIDEN NAME Leola H. Luke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minneapolis Mo

17. INFORMANT SAM Boone
(ADDRESS) New Mills Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calloway DATE Dec 28 1938

19. UNDERTAKER Marie Mershon
(ADDRESS) Blanchard Mo

20. FILED Dec 28 1938 D. A. Mullen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1938, to Dec 28, 1938

I last saw him alive on Dec 28th, 1938. Death is said to have occurred on the date stated above, at 3.9 m.

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

Premature birth and debility Date of onset

Other contributory causes of importance: Debility

Name of operation No operation Date of
What test confirmed diagnosis? Hyperemia 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? No injury but premature birth
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No injury
Nature of injury

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

If so, specify
(Signed) Benjamin Brandt, M. D.
650 (Address) Forrestell 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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

