

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.

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

Do not use this space.

1939 JAN 5 1939

1. PLACE OF DEATH

72 County St. Charles Mo. Registration District No. 759  
Township Calloway Primary Registration District No. 6000  
City (No. ....) (No. ....) St. .... (Ward)

File No. 3680  
Registered No. 3

2. FULL NAME

John Boone  
(a) Residence, No. Dear New Melle Mo. St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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, .... hrs. or .... min.  
7

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) Dear New Melle Mo.

13. NAME Samuel Boone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dear New Melle Mo.

15. MAIDEN NAME Idella Duke

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

17. INFORMANT (ADDRESS) Samuel Boone New Melle Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calloway Mo DATE 1-5, 1939

19. UNDERTAKER (ADDRESS) Clarence E. McElhinney New Melle Mo.

20. FILED 1-4, 1939 O. C. Trichmi Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1939 to Jan 4th, 1939  
I last saw her alive on Jan 4th, 1939. Death is said to have occurred on the date stated above, at 7 A. m.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
Date of onset 159

Other contributory causes of importance:  
Debility, cold and premature birth 7 months

Name of operation None Date of .....

What test confirmed diagnosis Phys. Exam 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  
(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 No  
(Signed) Benjamin Brandt, M. D.  
(Address) Forestell Mo.

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