WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X9314

REC'D JUL 17 1939

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

Do not use this space.

22938

1. PLACE OF DEATH

County Pettis 80 2 Registration District No. 668 File No. 210

Township Primary Registration District No. ~~668~~ 3032 Registered No.

City Sedalia (No. , St. Ward)

2. FULL NAME Mary J. Boner

(a) Residence, No. (Usual place of abode) Bothwell Hospital St. Ward Sweet Springs Mo (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 Female

4. COLOR OR RACE White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF Wm Boner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27 1878

7. AGE YEARS 60 MONTHS 8 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) May 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence Morgan Co Mo

FATHER

13. NAME Fridrick Lemler 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER

15. MAIDEN NAME Katherine Kurty 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT (ADDRESS) Wm Boner Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE July 2 1939

19. UNDERTAKER (ADDRESS) R C Carter Sweet Springs Mo

20. FILED July 1, 1939 Mrs Harry Snell 906 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1939, to June 30, 1939

I last saw her alive on June 30, 1939. Death is said to have occurred on the date stated above, at 9.15 p.m.

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

	Date of onset
Tuberculous Meningitis	June 1 39
24	

Other contributory causes of importance:

Fibrosis of Left Lung

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) D P Dyer, M. D.

(Address) Sedalia Mo

JUL 6 1944

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/13/44