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

32242
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper
(b) Township
(c) City Boonville
Registration District No. 218
Primary Registration District No. 3015
Registered No. 99
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 253 Daniel ~~Daniel~~ McIntyre
(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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ?
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ?
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 29 1859 ~~Unknown~~
7. AGE: Years ~~About~~ 80 yrs. Months 7 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Resident
9. Industry or business in which work was done, as saw mill, bank, etc.: County Home.
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): Unknown
FATHER
13. NAME: Unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "
MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "
17. INFORMANT (ADDRESS): Sam Mills Boonville, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: City Cem DATE: Sept 5 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Goodwin & Hall Boonville, Mo
20. FILED: 9-4 1939 [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 3 1939
22. I HEREBY CERTIFY, That I attended deceased from June 1939, to Sept 3 1939
I last saw him alive on Aug 19 1939. Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	unknown
AZC	

Other contributory causes of importance: —

Name of operation — 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) J. C. Tinsley, M. D.
(Address) Boonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/10/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.