

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32337

State File No. _____

Registration District No. 427

Primary Registration District No. 4253

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden ~~Madison~~
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 1 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden
(d) Street No. Olive Street
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Nellie Elizabeth Boone

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife W.H. Boone 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 18 1870

8. AGE: Years 70 Months _____ Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Rose Hill Missouri

10. Usual occupation at Home

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas E. Coleman
18. Birthplace Ireland
14. Maiden name Phoebe Thistle
15. Birthplace Missouri

16. (a) Informant Robert M. Boone

(b) Address Melbourne Hotel St Louis Mo

17. (a) Burial (b) Date thereof SEPT 6-1940

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director J. M. ...

(b) Address Holden Mo

19. (a) Sept 5 1940 (b) Mr B O Redford

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1940 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on Sudden _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarct
Due to age
Due to 92.7
Other conditions _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 300

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature J. G. Braden (M.D. or other) _____
Address Wassensburn St Date signed Sept 4 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-11-40

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 *W. H. Johnson*

Licensed Embalmer No. *2424*

P. O. Address *Golden mo*

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

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