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

Do not use this space.

5131

105

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.

1. PLACE OF DEATH
County Sullivan Registration District No. 8 5 7
Township Polk Primary Registration District No. 4 5 1 8
City Milan (No. ..... St. ..... Ward) File No. ..... Registered No. 5

2. FULL NAME Mary Boner

(a) Residence. No. ..... St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Boner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 24 1837

7. AGE: Years 91 | Months 11 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ex house wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Buffalo N. Y.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: William Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Lancashire
(STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Anna Blackburn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lancashire
(STATE OR COUNTRY): England

14. INFORMANT: John Boner
(Address): Milan Mo

15. FILED 1-10 1929 Bertha McClary
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1929, to Jan 8, 1929, that I last saw h[illegible] alive on Jan 8, 1929, and that death occurred, on the date stated above, at 5 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (chronic)
43c
106 B
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Bronchitis Chronic
(with exacerbation) (duration) ... yrs. about a week ds.

18. WHERE WAS DISEASE CONTRACTED? 603
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. S. Montgomery, M. D
Jan. 9, 1929 (Address) Milan Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Wood Cem Milan — DATE OF BURIAL: Jan 10, 1929

20. UNDERTAKER: O. A. Schoene — ADDRESS: Milan Mo.