

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

Do not use this space.

33368

1. PLACE OF DEATH

County Sullivan
Township Pulaski
City Milan (No. _____)

Registration District No. 852
Primary Registration District No. 4518

File No. _____
Registered No. 30 (St. _____ Ward)

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

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 John Q. Boner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 — 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Pete Cassidy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Almeta Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT J. B. Boner
(Address) Milan Mo

15. FILED 9/10 1931 C. A. Schoerle, Sub.
Bertha McClary REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to Sept. 4, 1931, that I last saw her alive on Sept. 14 30, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
95
95A duration probably a year mos. _____ ds.
CONTRIBUTORY auricular fibrillation
(SECONDARY) (duration) unrecd mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. S. Montgomery M. D.
Sept. 4 1931 (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 Oakwood Bur Milan Mo DATE OF BURIAL Sept 6 1931

20. UNDERTAKER C. A. Schoerle ADDRESS Milan Mo

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.

WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 28 1931

