

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

Do not use this space.

32828

1. PLACE OF DEATH

County Boonville
Township Boonville
City Boonville (No. 1)

Registration District No. 504
Primary Registration District No. 4307
(4307)

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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.
(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 D. S. Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 1850
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME Armstrong Cassidy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MARRIAGE NAME Ruth Trunko

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Harrison Smith
Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville Cemetery DATE Oct 11, 1932

19. UNDERTAKER (ADDRESS) Thorne Wood's Co.
Boonville, Mo.

20. FILED 10-11-1932 U C Dryden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 14 Sept 32 to 10 Oct 32

I last saw her alive on Oct 9, 1932 Death is said

to have occurred on the date stated above, at 12 P. M.

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

Nephritis with
suppuration
186A
194B
832A

Other contributory causes of importance: Broken Hip ①

Name of operation Cast Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Sept 19, 1932

Where did injury occur? Boonville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Injury in Home

Nature of injury Broken Hip

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. Daniel R. H. H. H. M. D.

(Address) Boonville

N. B.—Every item of information should be carefully supplied. AGE is 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.

Please state
cause of
broken hip.
Did woman
fall? yes

