

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

Do not use this space.

20758

1. PLACE OF DEATH

County Buchanan
Township.....
City St Joseph (No.)

Registration District No. 85
Primary Registration District No. 1001

File No.....
Registered No. 688
St. Ward)

2. FULL NAME

(a) Residence. No. John Boone
(Usual place of abode) State Hospital #2 St. Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 22 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

widowed

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

1857 Oct

7. AGE

YEARS 80

MONTHS

Unknown

DAYS

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

Dr. F. Powell

(Address)

Agency No. 7

15.

FILED

July 27 1927
John G. W.
J. B.

MEDICAL CERTIFICATE OF DEATH

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

July 5, 1927

17.

I HEREBY CERTIFY, That I attended deceased from June 13, 1927, to July 5, 1927, that I last saw him alive on July 5, 1927, and that death occurred, on the date stated above, at 11:50 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

CONTRIBUTORY (SECONDARY)

916

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

no

20. WAS THERE AN AUTOPSY?.....

no

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed).....

J. R. Bunch

M. D.

7/5, 1927 (Address)

State Hospital #2

*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

DATE OF BURIAL

Agency

July 6, 1927

20. UNDERTAKER

ADDRESS

H. A. Sullivan

Lawton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

AUG 10 1927

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