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

Do not use this space. 10933 10883

1. PLACE OF DEATH U.S. VETERANS' HOSPITAL
County JACKSON Registration District No. 30 File No.
Township Kaw Primary Registration District No. Registered No. 1444
City Kansas City, Missouri. (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME BOONE, Lowry William
(a) Residence. No. Greenfield, Missouri. St., Ward. Pvt. Co. K. 69th Inf.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. May Boone

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 29, 1893.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	36	1	25	

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

9. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER Unknown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

14. INFORMANT Hospital Records,
(Address) U.S. VETERANS' HOSPITAL, Kansas City, Missouri.

15. FILED 3/24, 1929 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24, 1929.

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1929, to March 24, 1929 that I last saw him alive on March 24, 1929, and that death occurred, on the date stated above, at 8:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pulmonary, chronic, advanced (C).
Unknown.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) —
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown.
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical and X-Ray.

(Signed) W. E. Chambers per H.O.B. M.D.
3/24, 1929 U.S. VETERANS' HOSPITAL, K.C.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 Greenfield Mo. DATE OF BURIAL 3/24 1929

20. UNDERTAKER The Taylor Funeral Home ADDRESS Kans. City 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.

JAN 11 1943