

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.

DEC 22 1930

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

Do not use this space.

36730

1. PLACE OF DEATH  
 County Licking Stone Registration District No. 508  
 Township \_\_\_\_\_ Primary Registration District No. 3026  
 City Shillitoe (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Fred Boone  
 (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 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About May 15 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>About</u>	<u>48</u>	<u>6</u>	<u>7</u>	

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) Boonville  
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known  
 (STATE OR COUNTRY) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1929 to Nov 21 1930 that I last saw her alive on Nov 21 1930, and that death occurred, on the date stated above, at 6:00 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of uterus

(duration) \_\_\_\_\_ yrs. 19 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) H/L  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) H. H. D. M.D.  
 (Address) Shillitoe 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.

14. INFORMANT Fred Boone  
 (Address) Shillitoe Mo.

15. FILED 11/24 1930 Reuben Barney  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL North Cloud Cemetery DATE OF BURIAL Nov. 24 1930

20. UNDERTAKER Meinshagen & Marshall ADDRESS Shillitoe Mo

