

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

Do not use this space.

24220

1. PLACE OF DEATH

County Boone Registration District No. 78
 Township Missouri Primary Registration District No. 4246
 City Pocahontas (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 10 St. _____ Ward _____

2. FULL NAME

Ely 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 male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (widow)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Boone
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know
 AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 70 — — —

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. yardman
 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) June 29th 1931 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) Boone County
 (STATE OR COUNTRY) Missouri

13. NAME John Boone

14. BIRTHPLACE (CITY OR TOWN) Boone County
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Lewis Boone Pocahontas Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Pocahontas Mo. DATE July 6th 1931

19. UNDERTAKER (ADDRESS) Stewart Garker 220 Columbus Missouri

20. FILED 717 1931 Mary M. Angell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/4/1931
 22. I HEREBY CERTIFY, That I attended deceased from July 3 1931 to July 4 1931
 I last saw him alive on July 3 1931. Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:

Thromb. Myocardites
 Date of onset about 1 year

Other contributory causes of importance 930

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19. _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) M. E. Angell, M. D.
 (Address) Pocahontas Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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