

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

Do not use this space.

33367

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 4506
 Township Boonville Primary Registration District No. 1002 Registered No. 322
 City Boonville, Mo. (No. General Hospital #2 St. 2nd Ward)

2. FULL NAME

(a) Residence, No. 1843 Terrace 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-20-1893
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 2 11 _____
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
 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) East Smith, Ark.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. Record Clerk
 (ADDRESS) General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds Mo DATE 11-20 1933

19. UNDERTAKER W.B. Moore
 (ADDRESS) 1820 E. 18th St

20. FILED Nov 17 33 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-22 1933 to 10-31 1933

I last saw h. alive on 10-31 1933 Death is said

to have occurred on the date stated above, at 8:50 P.M.

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

Chronic - very Tuberculosis
irritated
23 yr

Other contributory causes of importance:

Name of operation _____ Date of operation _____

What test confirmed diagnosis? Ch. m. tub. test Was there an autopsy? No

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? No

If so, specify _____

(Signed) J. O. Jones
 (Address) General Hospital #2

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.

