

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

Do not use this space.

958.4A

1. PLACE OF DEATH

County Lin Registration District No. 500
 Township Jefferson Primary Registration District No. 5665
 City Boonville (No. _____) St. _____ Ward _____

2. FULL NAME

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF J. F. Warner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1856

7. AGE YEARS 78 MONTHS 3 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Nov 28 34 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leicester Des

13. NAME Thomas Bunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kings Co Ireland

15. MAIDEN NAME Delia Golden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kings Co Ireland

17. INFORMANT Mrs. G. A. Schreiner (ADDRESS) Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mcquire DATE Nov 12 34

19. UNDERTAKER Winters, Kallins (ADDRESS) Boonville Mo

20. FILED 3/12/34 19 J. M. Bunker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-4 1934, to 2-10 1934.
 I last saw him alive on 2/10 1934. Death is said to have occurred on the date stated above, at 10:00 p. m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Boonville pneumonia
112
107A
WA
Asphyxia
 Date of onset 4 da

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Yes 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 Yes
 Nature of injury Yes

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) J. M. Bunker, M. D.
 (Address) Boonville, 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. APR 25 1934

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