

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

Do not use this space.

FEB 25 1935

951

1. PLACE OF DEATH

County Greene Registration District No. 318

Township Boonville Primary Registration District No. 2001

City Boonville (No. 353)

File No. _____
Registered No. 32
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 353 W. 1st St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — da. — How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sara Tragic</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 - 1869</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>11</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1935

22. I HEREBY CERTIFY That I attended deceased from Sept 15 to Jan 24, 1935

I last saw him alive on Jan 25, 1935 Death is said to have occurred on the date stated above, at _____ m.

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

OCCUPATION

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

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 _____

G. V. R. Lydman

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME George Westcott

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

15. MAIDEN NAME Victoria

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

17. INFORMANT Mrs. Sara Westcott

(ADDRESS) 353 W. 1st

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 _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodland DATE Jan 29, 1935

19. UNDERTAKER W. H. H.
(ADDRESS) 14 W. 1st

20. FILED 1-29-35 Rehngalen Registrar

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. H. Starnes, M. D.
(Address) 214 W. Jefferson

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.

WHILE EXAMINING THIS RECORD

