APR 15 1936

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

Do not use this space.

9122

File No.

Registered No. 54

1. PLACE OF DEATH
County Audrain
Registration District No. 26
Primary Registration District No. 3002
Township
City Mexico, Mo. (No. Audrain Hospital St. Ward)

2. FULL NAME Joseph Marvin Bone
(a) Residence, No. St., Ward. Vandalia Mo.
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ida Mary Bone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19th 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	5	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
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) February 1936
11. Total time (years) spent in this occupation

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

FATHER
13. NAME David F. Bone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo.

MOTHER
15. MAIDEN NAME Ella Develin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co, Mo.

17. INFORMANT Joseph M. Bone
(ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrolton Mo. DATE 3/26/ 1936

19. UNDERTAKER H. A. Trecht & Son
(ADDRESS) Mexico, Mo.

20. FILED 3/14/ 1936 Blanche Reeley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 14 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14 1936, to Mar 14 36 1936
I last saw him alive on March 14 1936 Death is said to have occurred on the date stated above, at 10:A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Saw patient at 8 A.M.	
Died 10 A.M.	
Acute dilatation of heart	
Chronic Endocarditis	

Other contributory causes of importance:

Embolism over speech center

Name of operation none Date of
What test confirmed diagnosis? clinical 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) Paul E. Carl M. D.
(Address) Mexico Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHRASING should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.