

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

Do not use this space.

33368

1. PLACE OF DEATH

County Sullivan
Township Pulaski
City Milan (No. _____)

Registration District No. 852
Primary Registration District No. 4318

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds. (If nonresident, give city or town and State)

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 John Q. Boner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
57 — 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Pete Cassidy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Almeta Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT J. B. Boner
(Address) Milan Mo

15. FILED 9/10 1931 C. A. Schoenta, Sub. REGISTRAR
Bertha McClary

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to Sept. 4, 1931, that I last saw her alive on Sept. 14 30, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
950
951A duration probably a year mo. ____ ds. ____
CONTRIBUTORY auricular fibrillation
(SECONDARY) (duration) unrecd mos. ____ ds. ____

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. S. Montgomery M. D.
Sept. 4 1931 (Address) Milan Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oakwood Cem Milan Mo DATE OF BURIAL Sept 6 1931

20. UMBERTAKER C. A. Schoenta ADDRESS Milan 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.

WHITE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 28 1931

