

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

Do not use this space.

MAR 7 1935

2680

1. PLACE OF DEATH

County St. Francis Registration District No. 775
Township Perry Primary Registration District No. 6020
City Springfield, Mo.

File No.
Registered No. 8 St. Ward)

2. FULL NAME

Lois Wilboen
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Wilboen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1864
7. AGE YEARS 70 MONTHS 6 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Doe Run, Missouri
(STATE OR COUNTRY)

FATHER
13. NAME Thomas Wilboen
14. BIRTHPLACE (CITY OR TOWN) Doe Run, Missouri
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary Rogers
16. BIRTHPLACE (CITY OR TOWN) Doe Run, Missouri
(STATE OR COUNTRY)

17. INFORMANT B. J. Wilboen
(ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Clements DATE Jan 26 1935

19. UNDERTAKER Benham, Hal. Co
(ADDRESS) Springfield Mo

20. FILED Jan. 26, 1935 N. W. Hawkin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933 to Jan 29, 1935
I last saw him alive on Jan 23, 1935 Death is said to have occurred on the date stated above, at 5:30 A. M.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
myocarditis
Other contributory causes of importance: Diabetes
59

Date of onset 1-25-35
5-3-33
5-3-33

Name of operation None Date of Exam Jan 24
What test confirmed diagnosis? Exam Jan 24 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 N. W. Hawkin, M. D.
(Signed) Barne Sue, Mo.
(Address)

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.

