

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

Do not use this space.

31660

SEP 25 1937

1. PLACE OF DEATH

County St. Francois Registration District No. 775
 Township Boone Primary Registration District No. 6.020-A
 City Booneville, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Booneville, Mo. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James R. Vandiver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 2 11

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) (STATE OR COUNTRY) West County, Massachusetts

13. NAME John Garvin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Ms. Egnora Willis, Booneville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Cemetery DATE 8/10 1937

19. UNDERTAKER (ADDRESS) Bertram Hudt, Booneville, Mo.

20. FILED Aug 10 1937 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Aug 8 1937
 last saw h.s. alive on Aug 8 1937. Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Acute Septicemia Date of onset 8-1-37

Other contributory causes of importance: Arteriosclerosis 1930

Name of operation no Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) Geo. L. Watkins, M. D.

(Address) Farmington, 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.

Watkins

94

92

2

1
3
3

