

# Holt County

## Boone, Hiram Erastus

(3 Mar 1830/1832 - June 6, 1935) Unit: Corporal 102 IL  
Co D & 14th Ill Cavalry. Occupation Veterinarian.

Buried: Sheridan Cemetery, Worth County, Missouri

---

### GRANDNEPHEW OF DANIEL BOONE DIES

---

MOUND CITY, Mo., June 7.  
(AP)—Hiram Boone, 105 years old,  
died suddenly at his home here  
last night. He was a grandnephew  
of Daniel Boone and headed six  
living generations. Mr. Boone was  
a Civil War veteran. Five child-  
ren survive, the youngest of whom  
is sixty-one.

---





N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so that

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

Do not use this space.

19568

1. PLACE OF DEATH *Mo 2 2 1935*  
 County *Holt* Registration District No. *372*  
 Township *Loburn* Primary Registration District No. *5519*  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Hiram Boone*  
 (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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <i>M</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Widowed</i>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>June 4<sup>th</sup> 1935</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					22. I HEREBY CERTIFY That I attended deceased from <i>June 4 1935</i> to <i>June 4 1935</i> I last saw him alive on <i>June 4 1935</i> Death is said to have occurred on the date stated above, at <i>3 P. M.</i>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 3 1830</i>					The principal cause of death and related causes of importance were as follows: <i>Lobar Pneumonia</i> Date of onset <i>June 3</i>	
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. <i>105 3 1</i>					Other contributory causes of importance: <i>Old Age</i>	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Farmer</i>						
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) <i>Ky.</i>					Name of operation _____ Date of _____	
13. NAME <i>Hiram Boone</i>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky.</i>					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.	
15. MAIDEN NAME <i>Eleanor Brown</i>					Manner of injury _____ Nature of injury _____	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky.</i>					24. Was disease or injury in any way related to occupation of deceased? <i>No</i> If so, specify _____	
17. INFORMANT <i>E. H. Boone</i> (ADDRESS) <i>Mound City, Mo.</i>					(Signed) <i>R. R. Miller</i> , M. D. (Address) <i>Mound City, Mo.</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Meridian, Mo.</i> DATE <i>6/7 1935</i>					20. FILED <i>June 7 1935</i> <i>J. C. Gray</i> Registrar	
19. UNDERTAKER <i>Hill Country</i> (ADDRESS) <i>Mound City, Mo.</i>						