

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

Do not use this space.

9936

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **Post-atom Hospital**)

File No.....  
 Registered No. **2509**  
 St. .... Ward)

**2. FULL NAME**

**Ida Boswell**  
 (a) Residence. No. **1911 Blair** St., **26** Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred **22** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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 **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alfred Boswell**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 17. 1887**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
**40** | **0** | **25**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Housewife 15 36**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **710**  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

10. NAME OF FATHER **Alex Gallock**

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

12. MAIDEN NAME OF MOTHER **Jane Robins**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

14. INFORMANT **M. Gorman**  
 (Address) **5600 Arsenal St**

15. FILED **119 19 1927** **Max B. Starvo** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **3/12 1927**

17. I HEREBY CERTIFY, That I attended deceased from **3/4 1927** to **3/12 1927** that I last saw her alive on **3/12 1927**, and that death occurred, on the date stated above, at **7:02 A.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Septicemia Streptococcic**  
**(Septic abortion?)**  
 (duration) yrs. mos. da. **18+**  
 CONTRIBUTORY (SECONDARY) **Suppurations of face (Anthrax?)**  
**Secondary anemia**  
 (duration) yrs. mos. da. **8**

18. WHERE WAS DISEASE CONTRACTED **146 1911 Blair Ave.**  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **3/9/27**

WAS THERE AN AUTOPSY? **No (Colonel Boyd Kaufman)**

WHAT TEST CONFIRMED DIAGNOSIS? **Cult. N. white** M. D.

(Signed) **3/12 1927** (Address) **200 Arsenal St.**

\*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 **Waltham** DATE OF BURIAL **3-15 1927**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Wash St**

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.

PARENTS

