

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

Do not use this space.  
**12709**

**1. PLACE OF DEATH**

County St Charles Registration District No. 757  
 Township St Charles Primary Registration District No. 3036  
 City St Charles (No. 715 Jefferson) St. 2 (Ward)

File No. 4  
 Registered No. 57

**2. FULL NAME**

Marie Boland  
 (a) Residence. No. 715 Jefferson St., 2 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16-1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 6 hrs. or min.  
 \_\_\_\_\_

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St Charles  
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Edw. Boland

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

12. MAIDEN NAME OF MOTHER Emma Schultz (Address) St Charles mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dardena  
 (STATE OR COUNTRY) mo

14. INFORMANT Edw Boland  
 (Address) St Charles mo

15. FILED 4-16-27 O. D. Boehman  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16-1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1927, to Apr 16, 1927 that I had saw h. was alive on April 16, 1927, and that death occurred, on the date stated above, at 8:10 p m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature birth  
16/A (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) none  
157 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. at place of death

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physic examination & history  
 (Signed) Will L Freeman, M. D

\*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 St Peter's cemetery DATE OF BURIAL April 17 1927  
St Charles mo

20. UNDERTAKER Steinbrink's Funeral Home ADDRESS St Charles 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.

