

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

Do not use this space.

13513

1. PLACE OF DEATH

County Linn
Township Marshall
City Marshall

Registration District No. 796
Primary Registration District No. 6039

File No. _____
Registered No. 61
St. _____ Ward _____

2. FULL NAME

Howard Harkness Boley

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred one yrs. 6 mos. 28 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
15 11 11

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) Luray
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER George Boley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clark County
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Clair Harkness
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clark County
(STATE OR COUNTRY) Missouri

14. INFORMANT Record of Mo. State School
(Address) Marshall, Missouri

15. FILED 4/25 1927 Dr. Manning REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24, 1927

17. I HEREBY CERTIFY, That I attended deceased from October 20, 1925, to April 24, 1927, that I last saw h. alive on April 23, 1927, and that death occurred, on the date stated above, at 6:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro-enteritis - chronic
120 B
15-15 30
(duration) yrs. 18 or longer mos. ds.
CONTRIBUTORY Muscular atrophy
(SECONDARY) (duration) indefinite yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH. No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) R. P. Crank, M. D.
April 24, 1927 (Address) Mo. State School, Marshall, Mo.

*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 DATE OF BURIAL

Luray Mo. Apr. 27 1927

20. UNDERTAKER ADDRESS
Vandover - Leist Marshall

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.

