JUL 25 1927

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

Do not use this space.

17567

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 603

City St. Joseph. (No. I603 South I6th Str St. Ward)

2. FULL NAME Male Boos

(a) Residence. No. I603 South I6 Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred O yrs. O mos. I ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June.7.1927.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	O	O	I	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Albert J Boos

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Atchison.
(STATE OR COUNTRY) Kansas.

12. MAIDEN NAME OF MOTHER Adalia Ennis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Atchison.
(STATE OR COUNTRY) Kansas.

14. INFORMANT Albert J Ennis
(Address) I603 South I6th Street

15. FILED JUL 10 1927 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8. 1927

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1927, to June 8, 1927 that I last saw him alive on June 8, 1927, and that death occurred, on the date stated above, at 7/20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1610

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Frank L Hartigan, M. D

June. IO 1927 (Address) King Hill Bldg

*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 Mount Olivet Cemetery — DATE OF BURIAL June. IO 1927.

20. UNDERTAKER H. O. Sidenfaden — ADDRESS I302 Union Str.

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.