

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.

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

Do not use this space.

30603

## 1. PLACE OF DEATH

County RockRegistration District No. 399

File No.

Township EastPrimary Registration District No. 1097

Registered No.

City St. Louis(No. 4000)Warwick Blvd

St.

Word)

## 2. FULL NAME

(a) Residence. No. 4000 Warwick Blvd 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

M

## 4. COLOR OR RACE

Col

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

Nov 17 - 1875

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

511112

## 8. OCCUPATION OF DECEASED

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

Janitor

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

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

## 10. NAME OF FATHER

Charles Boston

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

## 12. MAIDEN NAME OF MOTHER

Charlotte Brown

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

## 14.

INFORMANT

(Address)

Marcella Boston  
4000 Warwick Blvd

## 15.

FILED

10/31/27 M.M. Corneve  
Asst. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1927

17.

I HEREBY CERTIFY, That I attended deceased from Oct 29, 1927, to Oct 29, 1927, that I last saw him alive on Oct 29, 1927, and that death occurred, on the date stated above, at 5:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

120B114C Severe acute gastritis  
acute gastritis-Enteritis,  
Stomach (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY)

Engorgement of stomach (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?

(Signed)

Wm. L. Hoagland, M. D.10/30/27 (Address) 421 East 11th 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

DATE OF BURIAL

HighlandOct 31 1927

## 20. UNDERTAKER

ADDRESS

Maxima Bros1224 Lytle

