1928

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

Do not use this space.

33009

1. PLACE OF DEATH
County: Clay — Registration District No.: 201 — File No.:
Township: Liberty — Primary Registration District No.: 3012 — Registered No.: 81
City: (No. , St. Ward)

2. FULL NAME: Sadah Frances Boggess

(a) Residence. No. Liberty, Mo St., 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): widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A. D. Boggess.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 8-1861

7. AGE: Years 66 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper.
(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): Clay Co. Mo

PARENTS
10. NAME OF FATHER: Isaac Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Louisa Reynolds
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Mo

14. INFORMANT: Mrs. F. M. Livingston
(Address): Liberty, Mo

15. FILED: 12/10/27 — W. H. Goodson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 28 1927

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Nov 28, 1927, that I last saw her alive on Nov 27, 1927, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach
46 B
44 A
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. H. Matthews, M. D.
Nov 29, 1927 (Address) Liberty, 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: Providence near Liberty Mo — DATE OF BURIAL: 11/29/1927

20. UNDERTAKER: Church-Weber Co — ADDRESS: Liberty, 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.