

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Flaw
City Kansas City (No. 2718)

Registration District No. 389
Primary Registration District No. 1002

File No. 4898
Registered No. 553
St. _____ Ward _____

2. FULL NAME

Charles H. Boob

(a) Residence No. 2718 Olive St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 47 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 wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Addie F. Boob

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 5, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
71 | 2 | 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mgr & Owner
(b) General nature of industry, business, or establishment in which employed (or employer) Superior Cabinet
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Penn.

10. NAME OF FATHER Joseph Boob

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER Mary Sierer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Penn

14. INFORMANT Mrs Addie F Boob (Address) 2718 Olive St

15. FILED 78 28 M. M. Levine REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 12 1928 to Feb 8 1928 that I last saw him alive on Feb 8 1928, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
900

CONTRIBUTORY (SECONDARY) not determined

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. Anderson, M. D.
78, 1928 (Address) 608 Commercial

*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 Memorial Park DATE OF BURIAL Feb 10 1928

20. UNDERTAKER A. H. Newcomer Sons ADDRESS W. C. 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.

MISSOURI STATE BOARD OF HEALTH

608 Commerce 1010

Via 9317-

4-5-10-12m-