

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

Do not use this space.

MAR 26 1928

6251

1. PLACE OF DEATH

County St. Louis  
Township Central  
City (No. 9071 Tudor Ave)

Registration District No. 789  
Primary Registration District No. 603308

File No. ....  
Registered No. 62  
St. .... Ward

2. FULL NAME Leroy Watson Boggs

(a) Residence. No. 9071 Tudor Ave St. .... Ward

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24 - 1924

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

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) Anglum (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Leroy J. Boggs

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

12. MAIDEN NAME OF MOTHER Jessie L. Ricketts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

14. INFORMANT Mrs. Leroy J. Boggs (Address) 9071 Tudor Ave

15. FILED 21 19 28 Walla Gray M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1928 to Feb. 28 1928, and that I last saw him alive on Feb. 28 1928, and that death occurred, on the date stated above, at 9:50 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

11. Lobar-pneumonia  
102 110 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) La Grippe (duration) yrs. mos. ds. 15

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) H. F. Hoffman, M. D.

2-29 1928 (Address) Patterson 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 Free Free Cem DATE OF BURIAL 3-1 1928

20. UNDERTAKER Geo L. Pleitsch ADDRESS 5966 Eastern Ave

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.

DECEASED RECORD

Bathenville me