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

Do not use this space.

13175

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No. 1488
Township Kaw Primary Registration District No. 1002 Registered No.
City Kansas City (No. Trinity Lutheran Hospt. St. Ward)

2. FULL NAME Frances Elizabeth Flora Boggess

(a) Residence. No. 7325 Penn St. 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 6 mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: F — 4. COLOR OR RACE: wh — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married	16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2 1928
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luke J. Boggess	17. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1928, to April 2 1928 that I last saw h.er alive on April 2, 1928, and that death occurred, on the date stated above, at 10:15 a.m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16, 1898	THE CAUSE OF DEATH* WAS AS FOLLOWS:
7. AGE: YEARS 29 — MONTHS 7 — DAYS 16 — If LESS than 1 day, ...hrs. or ...min.	Meningitis (Streptococcic)
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Housewife	(duration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY (SECONDARY) Mastoiditis (duration) yrs. mos. 4 ds.
(c) Name of employer	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 7325 Penn
9. BIRTHPLACE (CITY OR TOWN) Carthage, (STATE OR COUNTRY) Mo.	DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 30-28
PARENTS 10. NAME OF FATHER Wm. M. Flora	WAS THERE AN AUTOPSY? No - Requested
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Liberty (STATE OR COUNTRY) Kansas	WHAT TEST CONFIRMED DIAGNOSIS? Spinal puncture
12. MAIDEN NAME OF MOTHER Maude Nash	(Signed) Harold B. Hedrick, M.D. 4/2, 1928 (Address) 910 Rialto Bldg.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown	*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.
14. INFORMANT Luke J. Boggess (Address) 7325 Penn St	19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carthage, Mo. — DATE OF BURIAL 4-3 1928
15. FILED 4/2, 1928 M. M. Crowe Asst. REGISTRAR	20. UNDERTAKER D.W. Newcomer's Sons K.C. Mo. — ADDRESS

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.

THIS IS A PERMANENT RECORD