

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

Do not use this space.

16045

1. PLACE OF DEATH

County Barry
Township D
City Momett (No.)

Registration District No. 30
Primary Registration District No. 3003

File No.
Registered No. 38 St. Ward

2. FULL NAME

Smith G. Boulder

(a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 30, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
	<u>66</u>	<u>1</u>	<u>2</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Conductor
(c) Name of employer Frisco RR Co

9. BIRTHPLACE (CITY OR TOWN) Warwick
(STATE OR COUNTRY) Ind

10. NAME OF FATHER Tom Boulder

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

12. MAIDEN NAME OF MOTHER Bendicks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) don't know
(STATE OR COUNTRY)

14. INFORMANT Mrs Edith G. Thompson
(Address) Springfield Mo

15. FILED 5-4 1928 W.M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1928

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1928, to May 3, 1928. that I last saw him alive on May 3, 1928, and that death occurred, on the date stated above, at 5:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Complicated with
Chronic Parenchymatous
Nephritis 131
930 (duration) 4 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1290 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? 8 DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. H. Ferguson, M. D.
5-4-1928 (Address) Momett, 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 C.O.F. Cemetery DATE OF BURIAL 5/4 1928

20. UNDERTAKER Callaway's ADDRESS Momett

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.

PROPERTY WITH CHARGING THEREIN IS A PERMANENT RECORD

