

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

Do not use this space.

21715

**1. PLACE OF DEATH**

County, St. Louis County Registration District No. 788  
 Township, Carondolet Primary Registration District No. 4791  
 City, Grant Road near Big Bend Road St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME (Miss) Ada Boley**

(a) Residence, No. New Haven, Mo. St. \_\_\_\_\_ Ward New Haven, Mo.  
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 14, 1877</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>8</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Home  
 (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)**

New Haven Mo

PARENTS

10. NAME OF FATHER Charles Boley  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn  
 12. MAIDEN NAME OF MOTHER Susan Schue  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Chad Masterson  
 (Address) 5342 Patton Ave

15. FILED 6-15-28 Arthur H. Vestring REGISTRAR  
per Claire Benson

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15th, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 14th, 1928, to June 15th, 1928, and that I last saw her alive on June 15th, 1928, and that death occurred, on the date stated above, at 1:15 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Peritonitis probably Tuberculous

25 (duration) about 6 months da. mo. yr.  
27  
84 (SECONDARY) Psychosis-type undetermined  
 (duration) 8-10 months da. mo. yr.

**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? Clinical  
 (Signed) F. M. Grogan, M. D.

June 15, 1928 (Address) Webster Groves, 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 New Haven, Mo. DATE OF BURIAL June 15, 1928

20. UNDERTAKER Drehmann Harold ADDRESS 1905 Union

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.

