

UG 22 1928

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

Do not use this space.

23202

1. PLACE OF DEATH

County Cape Girardeau  
Township Boyd  
City Jackson (No. ....) St. .... Ward)

Registration District No. 124  
Primary Registration District No. 4070

File No. ....  
Registered No. 38

2. FULL NAME

Wilhelmine Boos

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jun 1 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
68 6 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Mo (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Christopher Boyfield

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

12. MAIDEN NAME OF MOTHER Elizabeth Richer

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

14. INFORMANT Walter Boos (Address) Jackson Mo

15. FILED 7-17 28 D. G. Scriber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from June 11 1928 to July 15 1928 that I last saw him alive on July 15 1928 and that death occurred, on the date stated above, at 110 3rd St.

THE CAUSE OF DEATH WAS AS FOLLOWS  
Myocardial Infarction

930 900  
What (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Septicemia  
(Signed) D. G. Scriber, M. D. (Address) Jackson 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 Russell Heights DATE OF BURIAL July 17 1928

20. UNDERTAKER J. H. McComb ADDRESS Jackson Mo

M. D.—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.

