

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

Do not use this space.

BH
27402

1. PLACE OF DEATH

County Jackson Registration District No. 309

Township Kan Primary Registration District No. 1

City Kansas City (No. 522 Wabash)

File No. 27402
Registered No. 3458
St. 3-18 (Ward)

2. FULL NAME

Keneda L. Boswell

(a) Residence. No. 522 Wabash St., 1 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Mrs Hattie Boswell

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

July 12 - 1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

47

1

6

8. OCCUPATION OF DECEASED

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

Labourer

(b) General nature of industry, business, or establishment in which employed (or employer)

K.E. Goo Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

PARENTS

10. NAME OF FATHER

John Boswell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

B. Lee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

14.

INFORMANT

(Address)

Mrs Hattie Boswell
522 Wabash ave

15.

FILED

8/20, 1928 M. M. Crow
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 19 28

17. Coroner
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
OPR

Acute dilatation of heart
..... (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis
..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129 W

IF NOT AT PLACE OF DEATH..... DATE OF.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) H. J. Moore, M. D.

8-18, 1928 (Address) Coroner

*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 Highland Park, K.E. Kan

DATE OF BURIAL

Aug 20 19 28

20. UNDERTAKER

ADDRESS

Mrs. C. L. Forster 918 Brooklyn

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

