

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

Do not use this space.

27682

**1. PLACE OF DEATH**

County Jackson Registration District No. 431  
 Township Jackson Primary Registration District No. 7549  
 City Weston (No. ....) St. .... Ward)

File No. ....  
 Registered No. 76

**2. FULL NAME**

Margaret Boughton  
 (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**

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>Dec 10 - 1849</u>		
7. AGE	YEARS	MONTHS
	<u>78</u>	<u>8</u>
		DAY
		<u>5</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>house work</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>None</u> (STATE OR COUNTRY) <u>Mo</u>		

PARENTS

10. NAME OF FATHER <u>Alexander Boughton</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Org.</u> (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER <u>Carrie Money</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Org.</u> (STATE OR COUNTRY)

14. INFORMANT <u>Nettie Woods</u> (Address) <u>Weston Mo</u>
15. FILED <u>1/16</u> , 19 <u>28</u> <u>J.E. Rutledge</u> REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-15-1928

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1928, to July 15, 1928, that I last saw her alive on July 12, 1928, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Congestion of Stomach  
and Bowels & etc  
1 1/4 hrs (duration) 8:20 yrs. 9 ds.  
 CONTRIBUTORY Paralysis caused by  
 (SECONDARY) cerebral hemorrhage (duration) 3 yrs. .... ds.

18. WHERE WAS DISEASE CONTRACTED at home

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

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) R W Hull M. D.  
 , 19 (Address) Sulphur Springs 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 <u>Grave Cemetery</u>	DATE OF BURIAL <u>8-17-1928</u>
20. UNDERTAKER <u>Frank Dand. Co</u>	ADDRESS <u>Weston Mo</u>

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.

26 1928

