2384

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. 28851

Township ..... Primary Registration District No. ..... Registered No. 8354

City St. Louis (No. 812 De Sota Ave St. ..... Ward)

2. FULL NAME Henry Clay Boughan

(a) Residence. No. 812 DeSota Ave. St., 9 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 11, 1842

7. AGE: 86 YEARS; MONTHS: 3; DAYS: 5; If LESS than 1 day, ... hrs. or ..... min.

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): Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Ohio

PARENTS

10. NAME OF FATHER: W. M. Boughan
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Harpers Ferry (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: no record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): South Carolina

14. INFORMANT: Mrs. J. J. Wagner (Address) 812 De Sota Ave.

15. FILED ..... 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): August 16 1928

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1928, to Aug 15, 1928 that I last saw him alive on Aug 15, 1928, and that death occurred, on the date stated above, at 5:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Arteriosclerosis
Years standing
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Senile gangrene
left foot & ankle non diabetic
(duration) ..... yrs. ..... mos. ..... ds.

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?

(Signed) J. L. Marder, M. D.
, 19 (Address) 2806 N. Grand Blvd

*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: Cemetery Bellefontaine- St. Louis, Mo.
DATE OF BURIAL: Aug. 18 1928

20. UNDERTAKER: V. M. Kurrus Secy Kurrus Undertaking Co.
ADDRESS: East St. Louis Ill.

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.

9-10 a.m. - 1-2 P.M. - 6:30-7:30 Dr. J. L. Marder 2806 N Grand

...WITH UNFADING INK—THIS IS A PERMANENT RECORD