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.

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

Do not use this space.

31352

1. PLACE OF DEATH
County: Polk
Township: Benton
City: Van
Registration District No. 705
Primary Registration District No. 5934
File No.
Registered No. 9
(No. ..... St. ..... Ward)

2. FULL NAME: Wm E. 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

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: Allie Boos
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 29-1891
7. AGE: Years 37 | Months 1 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Polk Co Mo

PARENTS
10. NAME OF FATHER: Frederick Boos
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Susan Hessinger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Johnstown Pennsylvania

14. INFORMANT: Mrs Allie Boos
(Address) Van Mo

15. FILED 9/14, 1928 A. W. Glover REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 13 1928
17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1928, to Aug 24, 1928 that I last saw him alive on Aug 24, 1928, and that death occurred, on the date stated above, at 8.50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
LGB
MB
(duration) ..... yrs. ..... mos. 20 ds.
CONTRIBUTORY (SECONDARY): Exopthalmic Goiter
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 8 Lead
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. H. Bridges, M. D
Sept 13, 1928 (Address) Balwin 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: Schofield
DATE OF BURIAL: 9-14 1928
20. UNDERTAKER: Hutcheson Blue
ADDRESS: Bolivar Mo