

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

Do not use this space.

36594

**1. PLACE OF DEATH**

County Jefferson  
Township Stanherry  
City Stanherry (No. ....)

Registration District No. 314  
Primary Registration District No. 4190

File No. ....  
Registered No. 38  
St. .... Ward)

**2. FULL NAME**

Noah Addison Boston

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

M.

**4. COLOR OR RACE**

W.

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

widower

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

Sarah E Boston

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

Jan. 11-1847

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. .... min.

81

10

17

**8. OCCUPATION OF DECEASED**

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

retired 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)

West. Virginia

**10. NAME OF FATHER**

Noah P. Boston

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

West. Va.

**12. MAIDEN NAME OF MOTHER**

Mary Weff.

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

West. Va.

PARENTS

**14.**

INFORMANT  
(Address)

Mrs. Mary Conover  
Stanherry Mo.

**15.**

FILED

12-3-28 OST Bernard  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Nov-28 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from 11 1928, to late 19

that I last saw him alive on Nov 1, 1928, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Ch. Intestinal Hemorrhage  
131 (duration) 2 yrs. .... mos. .... da.

**CONTRIBUTORY (SECONDARY)**

1290 (duration) .... yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**19. DID AN OPERATION PRECEDE DEATH? DATE OF**

**20. WAS THERE AN AUTOPSY?**

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) H. C. Simpson, M. D.

, 19 (Address) Stanherry 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**

**DATE OF BURIAL**

Stanherry Mo

11/30-28

**20. UNDERTAKER**

**ADDRESS**

Labon F. Phillips

Stanherry

1000

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.

Dr. S. E. Sampson