

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

Do not use this space.

43767

**1. PLACE OF DEATH**

County... Stoddard Registration District No. 837  
Township... Castor Primary Registration District No. 6399  
City... Bloomfield

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

**2. FULL NAME**

(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.

James M<sup>c</sup> Boullier

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Dora Ann M<sup>c</sup> Boullier

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.  
59 | 3 | 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer Farming

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Don't know

**10. NAME OF FATHER**

Don't know

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

(STATE OR COUNTRY) Don't know

**12. MAIDEN NAME OF MOTHER**

Don't know

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

(STATE OR COUNTRY) Don't know

14. INFORMANT (Address) Dora Ann M<sup>c</sup> Boullier Bloomfield, Mo.

15. FILED Dec. 22 1928 Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1928, to Dec. 3, 1928, that I last saw him alive on Dec. 3, 1928, and that death occurred, on the date stated above, at 6:05 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Branch of Pneumonia  
10 days of ill  
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) unknown  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, at place of death

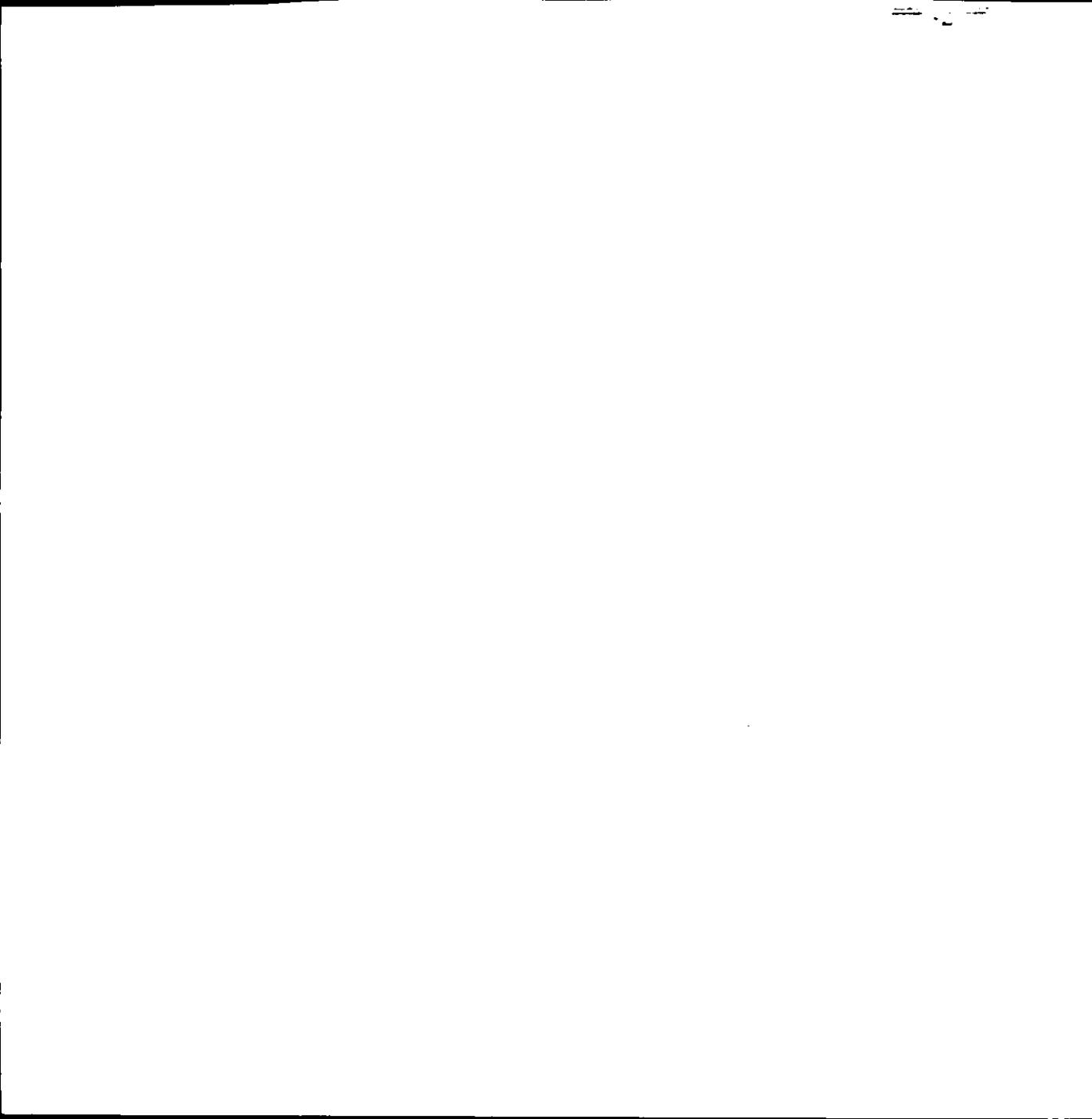
DID AN OPERATION PRECEDE DEATH? no DATE OF ...  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Edward J. Ford, M. D.  
, 19 (Address) Bloomfield, 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 Pleasant Grove DATE OF BURIAL Dec. 7 1928

20. UNDERTAKER J. A. Chiles ADDRESS Bloomfield, Mo.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Stoddard  
Township Castor  
City Stoddard (No. ....) St. .... Ward)

Registration District No. 837  
Primary Registration District No. 6099

File No. ....  
Registered No. ....

2. FULL NAME

James McJoules St. .... Ward X  
(a) Residence. No. ....  
(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) w

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 3 2

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19....., and that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D. , 19 (Address)

\*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

19

20. UNDERTAKER ADDRESS

14. INFORMANT (Address)

Dec 29 Edward Ford  
REGISTRAR

15. FILED 1928

SUPPLEMENTARY

S-43767