

JAN 28 1929

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

Do not use this space.

43851

1. PLACE OF DEATH

County Nevada
Township Center
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 3039

File No. _____
Registered No. 296
St. _____ Ward _____

2. FULL NAME

Glynn Boaze
(a) Residence. No. 607 S. Oak St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 11 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Boaze

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 11 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Partner
(b) General nature of industry, business, or establishment in which employed (or employer) Mo. Pac.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Nevada
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Moses Boaze

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

12. MAIDEN NAME OF MOTHER Sallie

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

14. INFORMANT Rose Boaze
(Address) 607 S. Oak - Nevada

15. FILED 1-5-29 E. P. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 6 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-29-28, 1928, to 12-6-, 1928, that I last saw him alive on 12-6-28, 1928, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza + Pneumonia
119
10
(duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY) MI
(duration) yrs. mos. da.

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? No

(Signed) J. H. Hornback, M. D.
, 1928 (Address) Nevada 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 Deepwood Cemetery DATE OF BURIAL Dec 8 1928

20. UNDERTAKER Ferry Funeral Home ADDRESS Nevada, Mo.

H. 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.

