Do not use this space.

1618

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

399

1. PLACE OF DEATH
County Jackson Registration District No. 1002 File No. 209
Township Kaw Primary Registration District No. Registered No.
City Kansas City (No. 1219 Harrison St. Ward)

2. FULL NAME Allen C Boggs
(a) Residence. No. 1219 Harrison St., 2 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 - 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	46	2	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work salesman
(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) unknown

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) unknown

14. INFORMANT Laura Boggs
(Address) 1219 Harrison

15. FILED 1-16, 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Monday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Jan 14, 1929
that I last saw h.im alive on Jan 14, 1929, and that death occurred, on the date stated above, at 5 P. m.
THE CAUSE OF DEATH* was as follows:
Acute Dilatation Heart
1158
958
7010
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Sepsis Teeth (duration) yrs. 2 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) Frederick A. Baldwin M. D
1/15, 1929 (Address) 317 Argyle Bldg. K.C. 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
Fort Worth Texas	Jan 19. 1929

20. UNDERTAKER	ADDRESS
Eylar Funeral Home	1800 Linwood

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.

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

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