

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.

1736

1. PLACE OF DEATH

County Jackson
 Township Kear
 City Kansas City (No. St. Mary's Hosp)

Registration District No. 399Primary Registration District No. 1092

File No. _____

Registered No. 328

St. _____

Ward _____

2. FULL NAME Clarence A. Boston

(a) Residence. No. _____

(Usual place of abode)

St. _____

Ward. Council Grove, Kans.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. 3

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

Mrs. Sadie E. Boston

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

Mar. 16, 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

48107

8. OCCUPATION OF DECEASED

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

Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

Mrs. Pac. R.R.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know
Indiana

10. NAME OF FATHER

Franklin Boston

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)

Mrs. Sadie E. Boston
Council Grove, Kans.

15.

FILED

1-23-29M. M. Cooper
Registrar

REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

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

Jan 23 19 29

17.

I HEREBY CERTIFY That I attended deceased from Jan 21, 19 29, to Jan 23, 19 29
 that I last saw him alive on Jan 23, 19 29, and that death occurred, on the date stated above, at 11:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY)

arterial hypertension

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

Osawatimie Kan

DID AN OPERATION PRECEDE DEATH?

No

DATE OF _____

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Physical & Laboratory Findings

(Signed)

J. C. Easton, M. D.Jan 23, 19 29 (Address) 1001 Chambers Bldg

*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

Council Grove, Kans.Jan. 23, 1929

20. UNDERTAKER

ADDRESS

Freeman Mortuary424 W. 4th St.

