MAR 21 1929

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

Do not use this space.

5539

11
6
9

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 204

City St. Joseph (No. 1514 Fredrick Ave. St. Ward)

2. FULL NAME John Boxberger

(a) Residence. No. 1514 Fredrick Ave. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 8, 1835

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	93	2	8	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

237

9. BIRTHPLACE (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany

10

PARENTS

10. NAME OF FATHER Unknown

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

31

12. MAIDEN NAME OF MOTHER Unknown

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

31

14. INFORMANT Wm. M. Boxberger
(Address) 1514 Fredrick Ave.

FEB 18 1929

15. FILED 19 John G. Utz REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 16 19 29

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1929, to Feb. 15, 1929, that I last saw him alive on Feb. 15, 1929, and that death occurred, on the date stated above, at 12-30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia
181H
194B
107H (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Contusion of back from fall (duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 185 10

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Frank Hartigan, M. D

Feb. 16, 19 29 (Address) St Joseph Mo. Fire patrol 3 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 Mt. Olivet Cemetery

DATE OF BURIAL Feb. 18 1929

20. UNDERTAKER H. O Sidenfaden

ADDRESS 1802 Union St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.