

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

Do not use this space.

7956

1. PLACE OF DEATH

County St Louis

Registration District No. 1170

Township

Primary Registration District No. 6248 H

City Richmond Heights

No. St Mary's Hospital

File No. _____
Registered No. 179
St. _____ Ward)

2. FULL NAME

Cornelia M. Boggy

(a) Residence. No. 3692 W. Pine Blvd St. _____ Ward. _____

(If nonresident, give city or town and State)

St. Louis, Mo.

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 28 - 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	<u>62</u>	<u>5</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Benjamin Boggy

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

12. MAIDEN NAME OF MOTHER Charlotte Mackay

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

14. INFORMANT Bernard P. Boggy
(Address) 1310 Bayard Ave.

15. FILED 2/14 1929 C. L. Jensen REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12th 1929

17. I HEREBY CERTIFY, That I attended deceased from: May 5th 1928, to Feb 12th 1929 that I last saw her alive on Feb 12th 1929, and that death occurred, on the date stated above at 10:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Adeno Carcinoma left ovary
49 A

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) 46

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF June 10th 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) J. F. Gallagher, M. D.

(Address) 311-313 Wall 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 Calvary Cemetery DATE OF BURIAL 2/15/ 1929

20. UNDERTAKER Wagoner Truck Co ADDRESS 3621 Olive St

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.

MAR 27 1929

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Dr. J. F. Slaughter

W. Owens' box

10:30 A. M. Feb. 14/18