

APR 30 1929

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

Do not use this space.

Trader 11827

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township Sedalia Primary Registration District No. 2032
City Sedalia No. 209 W 3rd

File No.
Registered No. 103 St. Ward)

2. FULL NAME

James Edward Boulder
(a) Residence No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Jan 17, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 1 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Distributor
(b) General nature of industry, business, or establishment in which employed (or employer) 450
(c) Name of employer 77

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) MO
10. NAME OF FATHER Gas. E. Boulder

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER

Minnie Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) MO

14. INFORMANT Leonard Boulder
(Address) Sedalia mo

15. FILED 3-23-29 19. 29 REGISTRAR J. J. Lora

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY that I attended deceased from Mar 14 1929 to Mar 14 1929 that I last saw him alive on Mar 12 1929 and that death occurred on the date stated above, at 11:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary thrombosis
acute pericarditis
hypertension

CONTRIBUTORY (SECONDARY)

glaucoma (duration) 1 yrs. 6 mos. - da.

18. WHERE WAS DISEASE CONTRACTED

(IF NOT AT PLACE OF DEATH) Place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF 1/1

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. J. Trader, M. D.

3/15, 1929 (Address) Sedalia 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

Crown Hill DATE OF BURIAL 3/16 1929

20. UNDERTAKER

Gillispie ADDRESS Sedalia

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.

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