MAY 29 1929

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

Do not use this space.

17070

884

1. PLACE OF DEATH

County Warren — Registration District No. 2 — File No.

Township Boeuf Island — Primary Registration District No. 6176 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Hugo Anton Boss

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

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: Male

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) Feb 10, 1910

7. AGE: Years 19 — Months 2 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: Virgil Schaub

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jamaica Mo

PARENTS

10. NAME OF FATHER: Ferdinand Boss

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

12. MAIDEN NAME OF MOTHER: Mary Noelker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

14. INFORMANT: Ferd Boss
(Address) Chamois Mo

15. FILED 4/12, 1929 — A J Sheible, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1929, to April 12, 1929, that I last saw him alive on April 12, 1929, and that death occurred, on the date stated above, at 1:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coroners Jury Verdict Death due to Accidental Drowning
183 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 183 (duration) ..... yrs. ..... 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) John H Dyer M.D.

4-12, 1929 (Address) Coroner J Warren Co Warrenton 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: Chamois Mo — DATE OF BURIAL

20. UNDERTAKER: L C Fertig — ADDRESS: New Haven Mo

Should be stated EXACT... Exact statement of OCCU... Very important

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Warren — Registration District No. 884 — File No.

Township Charrette — Primary Registration District No. 6176 — Registered No.

City (No. , St. Ward)

2. FULL NAME Hugo Anton Boss

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10-1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	19	2	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Virgil Schaub

9. BIRTHPLACE (CITY OR TOWN) Chamois
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Ferdinand Boss
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bluffton
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Noelker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

14. INFORMANT Pierce Boss
(Address) Chamois Mo

15. FILED July 8, 1929 G C Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Apr 12 1929 to Apr 12, 1929 that I last saw him alive on Apr 12, 1929, and that death occurred, on the date stated above, at about 1:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coroners Jury Verdict Death due to accidental drowning
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. 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) John H Dippo, M. D.
4/12, 1929 (Address) Warrenton Mo Coroner of Warren Co

*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
Chamois Mo	19

20. UNDERTAKER	ADDRESS
L. C. Herteg	New Haven Mo

SUPPLEMENTARY

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.

RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

DR. G. C. JOHNSON

Marthasville, Mo., July 8, 1929

RECEIVED
JUL 9 - 1929
THE STATE BOARD OF HEALTH
OF MISSOURI.

Bureau of Vital Statistics
Jefferson City, Mo

Dear Sir:

I have made a copy of the death certificate and placed it on file in my office. However the death certificate had never been presented to me until sent by you from Jefferson City and I was never called upon to issue a burial permit in this ship for this person.

Respectfully
G C Johnson