

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

Do not use this space.

37156

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. Mo. Pac. Round House, East Bottoms Ward)

File No. \_\_\_\_\_  
 Registered No. 4625

**2. FULL NAME** Oscar A. Boline

(a) Residence. No. 4431 Windsor St. 10 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. 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 Hilma C. Boline

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
54 8 18

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

9. BIRTHPLACE (CITY OR TOWN) Osage City  
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Fred Boline  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sweeden  
 12. MAIDEN NAME OF MOTHER Marie  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

14. INFORMANT Coroner's Record  
 (Address) K.C. MO

15. FILED 11-10-29 M.M. Crowe REGISTRAR  
asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/8 1929

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_ that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Terrific attack with adhesion  
90-B (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 90-B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
 (Signed) Stanley W. Hays M. D.

11/8 . 19 29 (Address) Deputy Coroner  
 \*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. Moriah DATE OF BURIAL Nov. 11 1929

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS Kon. City Mo.

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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PARENTS

