

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

Do not use this space.

41897

1. PLACE OF DEATH *St. Marys Mo*  
 County *St. Marys* Registration District No. *781*  
 Township *Meramec* Primary Registration District No. *4467*  
 City *St. Marys Mo* (No. ....) St. .... Ward)

2. FULL NAME *Sara Calate Boggy*  
 (a) Residence No. *St Marys Mo* 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. 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) *May 30 / 1847*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<i>62</i>	<i>6</i>	<i>13</i>	

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

9. BIRTHPLACE (CITY OR TOWN) *Mo*  
 (STATE OR COUNTRY) *St. Francis County*

10. NAME OF FATHER *Joseph Boggy*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Mo*  
 (STATE OR COUNTRY) *Arkansas*

12. MAIDEN NAME OF MOTHER *Clara Valle*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Mo*  
 (STATE OR COUNTRY) *Madison County Mo*

14. INFORMANT *Frank A. Boggy*  
 (Address) *St Marys Mo*

15. FILED *12/14 1929* *John H. Thorne*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12/13/ 1929*

17. I HEREBY CERTIFY, That I attended deceased from *12/13*, 1929, to *12/13/ 1929* that I last saw her alive on *12/13/ 1929*, and that death occurred, on the date stated above, at *4:30 p.m.*

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

CONTRIBUTORY (SECONDARY) *Arterial atherosclerosis* (duration) yrs. mos. ds. *1*  
*Unknown* (duration) *Unknown*

18. WHERE WAS DISEASE CONTRACTED? *Mo*  
 IF IN A PLACE OF DEATH *Mo*  
 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS? .....  
 (Signed) *John P. Williams* M. D.  
 (Address) *St Marys 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 *St Marys Mo* DATE OF BURIAL *12/15 - 1928*

20. UNDERTAKER *Warren J. Stanton* ADDRESS *St. Francis Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

