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

Do not use this space. 339

1. PLACE OF DEATH
County Butler — Registration District No. 1089 — File No. 1
Township Cane Creek — Primary Registration District No. 5136 — Registered No. 5136
City (No. St. Ward)

2. FULL NAME Billie Warren Boxx
(a) Residence. No. 8 Mi S.W. Williamsville Mo 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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 - 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	1	11	15	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co Mo

PARENTS
10. NAME OF FATHER Ira Boxx
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Butler Co Mo
12. MAIDEN NAME OF MOTHER Clara Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Butler Co Mo

14. INFORMANT Ira Boxx
(Address) Williamsville Mo

15. FILED 1-29 1930 J B Erdaby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1930, to Jan 28, 1930, that I last saw him alive on Jan 28, 1930, and that death occurred, on the date stated above, at 1:51 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ileo colitis
114B 113C
(duration) yrs. mos. 7 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) W M Henderson, M. D.
1-29, 1930 (Address) Poplar Bluff 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: Shiloh cemetery — DATE OF BURIAL: Jan 30 1930
20. UNDERTAKER: W. P. Phelps — ADDRESS: Poplar Bluff Mo

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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