

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

Do not use this space.

9591

**1. PLACE OF DEATH**

County Marion Registration District No. 579  
 Township Marion Primary Registration District No. 5776  
 City Marion (No.         ) St.          Ward         

File No.           
 Registered No.         

**2. FULL NAME**

Joseph Boulevard  
 (a) Residence, No.          St.          Ward.           
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/12/1838

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
91 4 11

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (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) Marion Co Mo

10. NAME OF FATHER Alfred Boulevard

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

12. MAIDEN NAME OF MOTHER Sikey Bryant

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT (Address) Katie Boulevard  
Madison Mo R.R

15. FILED          19          W.W. Eubank REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23 1930

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          2 p. m.

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

Endocarditis  
92B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) POW (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) H. E. Johnson, M. D.

\*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 Graves Hill Cemetery DATE OF BURIAL Mar 25 1930

20. UNDERTAKER Fred W. Thompson ADDRESS Madison Mo

