WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 23 1930

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

Do not use this space.

11957

1. PLACE OF DEATH

County: Carroll — Registration District No.: 134

Township: Ridge — Primary Registration District No.: 4075

City: Bosworth, (No. ..... St. ..... Ward)

File No. .....

Registered No. 13.

2. FULL NAME: Kenneth Edwin Boling

(a) Residence. No. ..... 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: M

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): March 24, 1930

7. AGE — YEARS: ..... MONTHS: 1 DAYS: 3 IF LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED: Infant

(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): Bosworth,
(STATE OR COUNTRY): MO.

PARENTS

10. NAME OF FATHER: Silas Boling

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

12. MAIDEN NAME OF MOTHER: Irmal Pennington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Bosworth,
(STATE OR COUNTRY): MO.

14. INFORMANT: Silas Boling
(Address): Bosworth, MO.

15. FILED: May 3, 1930 Mrs. Boss Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 27, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1930 to April 27, 1930 that I last saw him alive on April 27, 1930 and that death occurred, on the date stated above, at 3.30 p.m.

91B THE CAUSE OF DEATH* WAS AS FOLLOWS:
158 Endocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Malnutrition

(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? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Mrs Boss Brown, M. D

, 19 (Address) Bosworth 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: Big Creek Cemetery

DATE OF BURIAL: 4/28 1930

20. UNDERTAKER: Lucio Leonard

ADDRESS: Bosworth Mo