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.

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

Do not use this space. 20212-a

1. PLACE OF DEATH
County Pemiscot — Registration District No. 114 — File No. 13
Township Godair — Primary Registration District No. 3869 — Registered No.
City ~~Portageville~~ Mo (No. ..... St. ..... Ward)

2. FULL NAME Louis Jr Boatwright
(a) Residence. No. X St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male Boy
4. COLOR OR RACE: White Wright
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/12-1925

7. AGE: YEARS 5 — MONTHS 5 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Portageville
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Dave Boatwright
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Henderson Ky
12. MAIDEN NAME OF MOTHER Mary Zook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newmadred
(STATE OR COUNTRY) Newmadred Mo

14. INFORMANT Dave Boatwright Portageville Mo. R.L.
(Address)

15. FILED 7/10 1930 C A Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/8 1930

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

THE CAUSE OF DEATH* WAS AS FOLLOWS: unavoidable accident by being run over on Highway 61
2.10 M (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 202 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH unavoidable accident
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? JP
(Signed) F. M. Brownfield acting Corner, M. D.
, 19 (Address) Swift 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: Cemetery Portageville Mo — DATE OF BURIAL: 6/9 1930

20. UNDERTAKER: R M Payne — ADDRESS: Portageville Mo