

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

Do not use this space.

**DEC 20 1930**

1. PLACE OF DEATH  
County Cass  
Township Cambranch  
City Garden City (No. ....)

Registration District No. 134  
Primary Registration District No. 4088

File No. 32345-9  
Registered No. ....  
St. .... Ward)

2. FULL NAME William J. Boals

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Boals

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan., 26, 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
87 8 15

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) N.Y.  
(STATE OR COUNTRY)

10. NAME OF FATHER William C. Boals

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

12. MAIDEN NAME OF MOTHER Agnes Geddie

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

14. INFORMANT Frank Boals  
(Address) Garden City, Mo.

15. FILED Nov 10 31 Frank Boals  
19... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct - 10 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1930, to Oct 10 1930, that I last saw him alive on Oct 9 1930, and that death occurred, on the date stated above, at 9 AM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular heart disease

92h (duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 900 (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Frank B. Geddie, M. D.

, 19 (Address) Garden City, 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 DATE OF BURIAL  
Clear Fork Cemetery Oct. 12, 30 19

20. UNDERTAKER ADDRESS  
J. M. Kauffman Garden City, 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.

