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.

1188 19

File No. 5287

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City, Mo (No. 1615 West 50th Street St. Ward)

2. FULL NAME Dr. Asa C. Boswell

(a) Residence. No. 1615 West 50th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXX~~ Mrs. Josephine Boswell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	69	11	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physician 104 16

(b) General nature of industry, business, or establishment in which employed (or employer) 213

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion, Indiana 9

PARENTS

10. NAME OF FATHER John Boswell

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

12. MAIDEN NAME OF MOTHER Pollvana Smith

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

14. INFORMANT Dr. Edgar F. Boswell
(Address) 1617 West 50th Street

15. FILED 1/31, 1931 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to Jan 2, 1931 that I last saw him alive on Jan 1, 1931, and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Senility

(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? Clinical

(Signed) E A Burkhardt, M. D.

1/2, 1931 (Address) 3346 Summit

*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
Forest Hill Cemetery	1/3/31 19

20. UNDERTAKER	ADDRESS
Freeman Mortuary, 104 W 42nd St.	