

N.B.—If 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 always important.

MAR 27 1931

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

Do not use this space.

6860

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Phillips
Township Union
City _____ (No. _____)

Registration District No. 711
Primary Registration District No. 3712

2. FULL NAME

Esther Ruth Boatman

(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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

Feb 5 - 1931

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Arlington

FATHER

13. NAME

Marshall Boatman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Phelps Co. Mo

MOTHER

15. MAIDEN NAME

Jean Richardson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Deer Co. Mo.

17. INFORMANT (ADDRESS)

Marshall Boatman
Arlington

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ward all on

DATE

7/16

19. UNDERTAKER (ADDRESS)

F. Johnson
Newburg Mo

20. FILED

7/16 1931 Boatman

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 15 - 1931

22. I HEREBY CERTIFY That I attended deceased from Feb 14 - 1931 to Feb 15 - 1931

I last saw him alive on Feb 14 - 1931. Death is said to have occurred on the date stated above, at 6:00 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

R. C. Brewer

M. D.

(Address)

Newburg Mo

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pulaski
Township Union
City Union (No.)

Registration District No. 711
Primary Registration District No. 5-940

File No. 42
Registered No. 9
St. Ward

2. FULL NAME

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>S</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5-1931</u>			
7. AGE	YEARS	MONTHS	DAYS
			9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arlington</u>
	13. NAME <u>Marshall Boatman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps</u>
	15. MAIDEN NAME <u>Fern Richardson</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Denton</u>
	17. INFORMANT <u>Marshall Boatman</u> (ADDRESS) <u>Arlington</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gordall Cent</u> DATE <u>2/16</u> 19 <u>31</u>	
19. UNDERTAKER <u>L. Johnson</u> (ADDRESS) <u>Newburg Mo</u>	
20. FILED <u>4-7</u> 19 <u>31</u> <u>A. S. Lick</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15-1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1931, to Feb 15 1931

I last saw h. or alive on Feb 14 1931 Death is said

to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

Local pneumonia Date of onset

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. C. Brewer M. D.

(Address) Newburg Mo

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