

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

Do not use this space.

13605

File No. 113
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson City (No. _____)

Registration District No. 213
Primary Registration District No. 3014

2. FULL NAME Olin Boaz

(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) August 2, 1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	20	8	20	

8. OCCUPATION OF DECEASED:

(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) _____
(STATE OR COUNTRY) _____

10. NAME OF FATHER _____
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER _____
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

14. INFORMANT Mo Penitentiary
(Address) Mo. Pen.

15. FILED 4-29-31 W Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22, 1931

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1931 to April 22, 1931 that I last saw him alive on April 22, 1931 and that death occurred, on the date stated above, at 6:17 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia and Valvular Heart disease

19 hrs (duration) yrs. mos. ds.
CONTRIBUTORY Appendicitis Acute
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 21, 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) W. H. Lamb M. D.

120 (Address) Missouri State Prison Hospital

*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 4/23 1931

20. UNDERTAKER W Moore-Gordon Undertaking Co. ADDRESS Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGES should be stated EXACTLY. AGES should be correctly supplied. AGES should be stated EXACTLY. Exact statement of OCCUPATION is very important.

MAY 2 1 1931

