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.

791
1003

15896

File No.
Registered No. 4368

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St Louis, Mo. (No. 3432 Texas Ave St. Ward)

2. FULL NAME Billie Joyce (Boulton) Boulton

(a) Residence. No. 3432 Texas Ave St. 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	3	8	12	

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) St Louis Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm G Boulton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ruth Wainwright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

14. INFORMANT Wm G Boulton
(Address) 3432 Texas Ave

15. FILED 10 [illegible] 19[illegible] [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8th 1931

17. I HEREBY CERTIFY, That I attended deceased from April 4th, 1931, to April 8th, 1931 that I last saw her alive on April 8th, 1931, and that death occurred, on the date stated above, at 2.30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lobar Pneumonia

108 (duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Henry W Schulz, M. D.

, 19 (Address) 2603 Cherokee St

*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
St Peters Cemetery	April 10 1931
20. UNDERTAKER	ADDRESS
Hy Leidner Mnd. Co	1417 N. Market St.

2603 [illegible]