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.

JUN 24 '31

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

Do not use this space.

17443

File No.
Registered No. 13

1. PLACE OF DEATH
County Clay — Registration District No. 198
Township Fishing River — Primary Registration District No. 3011
City Excelsior Springs, Mo. (No. U.S.Veterans Hospital St. 3rd Ward)

2. FULL NAME BOGGS, Elbert D.
(a) Residence, No. U.S.V.H. Excelsior Springs, Mo. Ward. 830 Division St. Atchison, Kans.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 17 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	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
36	6	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation unknown

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

FATHER
13. NAME William Boggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Caroline Naylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital records, U.S.V.H. Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Atchison Kansas DATE May 25, 1931 19

19. UNDERTAKER Herbert Hope
(ADDRESS)

20. FILED May 26 31 W. D. Crowson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1931 19

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1931 to May 24, 1931 19
I last saw him alive on May 24, 1931 Death is said to have occurred on the date stated above, at 10:25 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia right	

Other contributory causes of importance:
Pneumonia hypostatic

Name of operation none Date of
What test confirmed diagnosis? Exam. & Obs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury x 19
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? unkn
If so, specify x
(Signed) [illegible], M. D.
(Address) U.S.V.Hospital, Excelsior Springs, Mo