

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

Do not use this space.

20267

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
102 County Shelby Registration District No. 560  
Township Jefferson Primary Registration District No. 6095  
3 City Clarence (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Henry Owen Boling  
(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) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-17-1929

| 7. AGE | YEARS    | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
|--------|----------|----------|-----------|----------------------------------|
|        | <u>2</u> | <u>2</u> | <u>24</u> |                                  |

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) Shelby Co. Missouri

13. NAME Phillip Boling

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

15. MAIDEN NAME Hazel Taylor

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

17. INFORMANT Mrs Hazel Boling (ADDRESS) Clarence

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Union Cemetery DATE May-12-1931

19. UNDERTAKER E. E. Hopper (ADDRESS) Clarence

20. FILED June 12 1931 Mrs Bernard G. Hall Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1931

22. I HEREBY CERTIFY That I attended deceased from May 11 1931 only, 19\_\_\_\_  
I last saw him alive on Feb 1 1930, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 5 p.m.  
The principal cause of death and related causes of importance were as follows:  
1948 Accident  
Instantaneous death  
Other contributory causes of importance: 1948 B

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury May 11, 1931  
Where did injury occur? at home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place: was swinging on gate at home  
Manner of injury gate came off hinge  
Nature of injury and fell across logs  
disfranchisement

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) D. S. Harlan, M. D.  
(Address) Clarence mo

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 20 1931

