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.

OCT 22 19

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

Do not use this space.

30574

85

1. PLACE OF DEATH

County: Buchanan — Registration District No.:

Township: — Primary Registration District No.: 1001

City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

File No.:

Registered No.: 937

2. FULL NAME: Grace Louise Boeh

(a) Residence, No. St., Ward. Wathena, Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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)
Fem.	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 24, 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	4	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home. 181

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 67

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wathena, Kansas

FATHER

13. NAME Edward Boeh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wathena, Kansas

MOTHER

15. MAIDEN NAME Lena Frenzel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springbrook, Iowa.

17. INFORMANT Edward Boeh
(ADDRESS) Wathena, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wathena, Kansas DATE Sept, 12, 1931

19. UNDERTAKER Walter Meinkoffer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 9-11 1931 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/10, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/8, 1931, to 9/10, 1931

I last saw her alive on 9/10, 1931. Death is said to have occurred on the date stated above, at 8.15 A.M.

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

	Date of onset
Accidental Burns over body & extremities	9/8/31
Gasoline stove exploded—did not burn house—	

Other contributory causes of importance:

Uremia & Toxemia following severe burns 1st, 2nd & 3rd degree

Name of operation None Date of

What test confirmed diagnosis? Clin. Sym. Was there an autopsy? No

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

Accident, suicide, or homicide? Accident Date of injury Sept. 8, 1931

Where did injury occur? 5 mi. No. of Wathena, Kansas (Specify city or town, county, and State)

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

Manner of injury Accidental Burns—Gasoline

Nature of injury Severe Burns of Body

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) H. L. Thompson, M. D.

(Address) 823 Charles St. St. Joseph, Mo.